SOUTH ISLAND ALLIANCE

best for people, best for system

TE WAIPOUNAMU

SOUTH ISLAND HEALTH SERVICES PLAN

2019 - 2022

Nelson Marlborough Health

South Canterbury District Health Board

West Coast District Health Board

Canterbury District Health Board

Southern District Health Board

Te Waipounamu South Island Health Services Plan 2019–22
Published November 2019

By the South Island Alliance Programme Office
On behalf of the five South Island district health boards

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Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

11 NOV 2019

Ms Jenny Black
Chair
South Island Alliance Board
Jenny.black@nmdhb.govt.nz

Dear Jenny

South Island Regional Service Plan 2019/20

This letter is to advise you I have approved and signed the South Island Regional Service Plan (RSP).

I am pleased to see the enhanced emphasis on equity and sustainability in your plan. I intend to build on this focus in 2020/21 including strengthening alignment with your district health boards (DHBs) annual plans to support system sustainability.

My approval of your RSP does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health (Ministry). Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I would like to thank you and your staff for your valuable contribution and continued commitment to delivering quality health care to your population and wish you every success with the implementation of the 2019/20 RSP.

Please ensure that a copy of this letter is attached to the copy of your signed RSP held by each DHB Board and to all copies that are made available to the public.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc: South Island Region DHB Chairs and Chief Executives

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Kotahi te hoe, ka ū te waka ki uta

When we paddle in unison, we will reach the shore together

The 2018/19 year has seen a new phase in the evolution of the South Island Alliance with the development of the South Island Health Services Plan 2019–22 (the Plan) to accelerate health service improvement and regional collaboration as we work towards our shared regional vision:

A connected and equitable South Island health and social system that supports all people to be well and healthy.

The South Island Alliance was established in 2011 to focus on the challenges the region faced collectively and the efficiencies that could be gained by working together. The five South Island district health boards (DHBs) decided the South Island would take a collaborative, clinically-led and patient-focused approach through an alliance structure.

This approach has enabled us to transcend the traditional barriers found in health and brought us to a place where we can commit to a shared direction for the South Island health system. The development of this plan has articulated a step-change in how we engage.

Over the past year we have further embedded the six Priority Focus Areas that were first confirmed in early 2018:

- Turning data into information that supports decision making
- Understanding and influencing the social determinants of health
- First 1,000 days and vulnerable children – supporting the best possible start in life
- Developing mental health aspects of integrated systems of care across the health, education and social spectrum
- Acute demand management platform - improving whole of system patient flow
- Embedding and utilisation of advance care plans (ACPs) across the whole system.

In preparation for the 2019–22 health services plan we have:

- reviewed our approach to supporting the achievement of equity for Māori in our health and support services
- reoriented our alliance group workplans to reflect stronger, more targeted focus on the priority focus areas
- sought to more clearly identify the enablement role that workforce and information services and systems have in the delivery of the Plan.

The Plan describes how we intend to operationalise our vision and goals over the next three years, drawing on guidance from the Minister of Health's expectations, the *New Zealand Health Strategy* and relevant national strategies.

Section 5 (Delivering Our Vision) contains the implementation workplan summaries of our Alliance work programmes, covering a range of timespans from the current financial year up to ten years relative to the scope and scale of the objectives and deliverables.

Building on the successes of the past eight years and now extending our reach through inter-sectoral collaboration, we look forward to implementing the Plan and continuing to work together towards achieving our vision.

South Island Alliance Board

Jenny Black
Chair, South Island Alliance Board
Chair, Nelson Marlborough District Health Board
Chair, West Coast District Health Board

Dr John Wood
Chair, Canterbury District Health Board

Kathy Grant
Commissioner, Southern District Health Board

Ron Luxton
Chair, South Canterbury District Health Board

South Island Alliance Leadership Team

Chris Fleming
Chair, South Island Alliance Leadership Team
CEO, Southern District Health Board

David Meates
CEO, Canterbury District Health Board
CEO, West Coast District Health Board

Dr Peter Bramley
CEO, Nelson Marlborough Health

Nigel Trainor
CEO, South Canterbury District Health Board

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Te Waipounamu
the South Island population

South Island DHBs projected population for 2019–20
(Ministry of Health projection)

Nelson Marlborough	152,680	1.27% ↑
Canterbury	578,340	1.84% ↑
South Canterbury	60,465	0.41% ↑
Southern	335,990	1.85% ↑
West Coast	32,465	0.17% ↑
South Island	**1,159,940**	**1.36% ↑**

23.1%
of the total New Zealand population live in the South Island

9.7%
of the South Island population identify as Māori

17.5%
of the North Island population identify as Māori

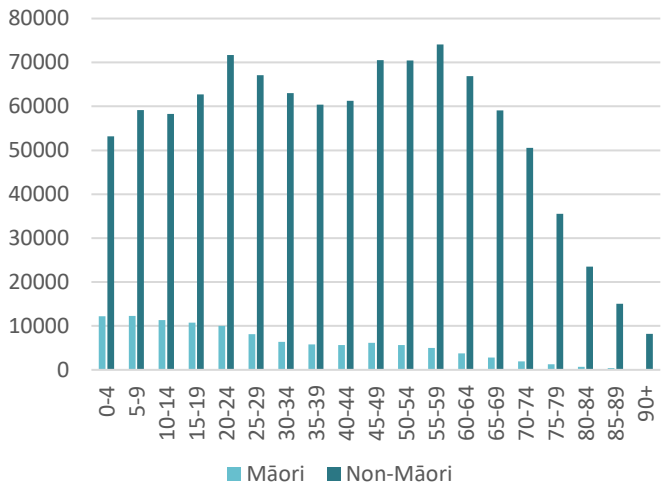
2.2%
of the South Island population identify as a Pacific Island ethnicity

17.7%
of the South Island population are aged over 65 years, up from 17.4 % in 2018-19

15.1%
of the North Island population are aged over 65 years

8.7%
of the South Island population identify as Asian

Age distribution of the South Island population



1 INTRODUCTION

With a total population of 1,159,940 (23.1 per cent of the total New Zealand population) and growing by approximately 14,000 people per year[1], the South Island has dispersed communities, with geographical barriers, pockets of very high population growth and areas with significant older populations, all challenging the way we provide services.

The South Island Alliance brings together the region's five DHBs, along with primary care, aged residential care, non-governmental organisations (NGOs) and consumers, to work collaboratively towards a sustainable South Island health and social system that is *best for people, best for system.*

Through the Alliance, strong relationships have been forged across the region, enabling stakeholders to overcome past barriers. Our practical application of alliance methodology supports transformational change in a complex environment and, as a result, South Island health services have developed a strong collaborative platform for implementing regional and sub-regional priorities.

We have achieved better and more equitable outcomes for patients, more integrated health information and a more flexible workforce. Some recent successful initiatives include:

- The consolidation of Hauora Alliance facilitated by the South Island Public Health Partnership continues to be an emerging success as an inter-sectoral approach.
- Clinician recommendations through Southern Cancer Network to achieve increased consistency for early stage breast cancer radiation therapy. This resulted in a measurable change in clinical practice – a reduction in the number of treatments required for some patients, with less disruption to those patients. This result also brings further direct benefits such as freeing up treatment resources for other patients.
- Well Child Tamariki Ora (WCTO) quality improvement project continues to improve child health outcomes for tamariki and their whānau by strengthening relationships across the wider child health and maternity sector, workforce development and supporting quality improvement.
- Implementation of South Island Patient Information Care System (SI PICS) in Nelson Marlborough and Canterbury DHBs, with business cases underway in the remaining DHBs.
- Continuing to grow the reach of the Calderdale Framework[2] (skill sharing and skill delegation framework, led by allied health) across the South Island, with additional facilitators providing the required support to key workforces.
- The South Island electronic ACP project is nearing completion, now being available in all areas through the HealthOne and Health Connect South portals. Final work will include the communication of the programme, training and quality support for the process to ensure that advance care planning is consistently available and useful to the user and the health system.

This updated Plan provides a framework for future planning and outlines our strategic direction, priorities and work programme for 2019/20, and our way forward for the following two years. The Plan builds on achievements and progress of the last eight years and is underpinned by our South Island principles and priority focus areas in seeking to achieve our goals and vision. The South Island Outcomes Framework ensures we are accountable for our actions across eight outcome areas.

The Plan will be governed by the South Island Alliance Board (DHB chairs) and implemented through the South Island Alliance Leadership Team (DHB chief executives), Strategic Planning and Integration Team, and South Island Alliance Programme Office.

[1] MOH population projection 2019/20 from 2018 Statistics New Zealand population projections (2018 update using census 2013)

[2] Smith, R and Duffy, J, viewed April 2019 at www.calderdaleframework.com

1.1 Our Principles

The way we work is guided by our principles, which underpin all our activities in seeking to achieve our goals and reach our vision for South Islanders.

A TRUST BASED SYSTEM:

- We acknowledge our responsibilities under the Treaty of Waitangi and prioritise hauora Māori and working in partnership with iwi.
- We work in an environment of trust, strong relationships, interdependence and shared purpose.

SUPPORTING PEOPLE:

- Our services empower people to take charge of their own health and wellbeing and die with dignity.
- We contribute to environments that support people to be healthy and well.
- We design services that are primary care and / or community based unless people need to be in a hospital.

AN INCLUSIVE, DEVELOPMENT BASED SYSTEM:

- We build capability and value the health skills of all people.
- We design services with our people that embrace the whole health and social sector locally. This is supported by sub-regional and regional frameworks or platforms as appropriate.

AN ADAPTIVE, LEARNING SYSTEM:

- We actively encourage learning from each other.
- We focus on opportunities to continuously improve the quality of our work and services.
- Our decision-making is informed by high quality data and analysis.

A SUSTAINABLE, EFFICIENT, EFFECTIVE SYSTEM:

- We develop services that are clinically, financially and environmentally sustainable.
- We value peoples' time.
- The whole system feels seamless to those within it and using it.
- We ensure effective utilisation of all our resources.
- We eliminate system design flaws that result in harm and minimise harm to the patient as they receive services.
- We release hospital-based clinicians' time to both support community-based care, and ensure people receive timely and appropriate complex care.

OUTCOME FOCUSSED:

- We target equitable outcomes for all regardless of their culture, background or circumstances.
- We commit to common outcomes, but support service delivery configured to the needs of the local community.
- We remove barriers to integration.

1.2 Our Vision

'A connected and equitable South Island health and social system that supports all people to be well and healthy'.

Our vision is a sustainable health and social system – *best for people, best for system*. The Alliance is focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people's homes as possible.

1.3 Our Goals

Our three regional goals for the South Island are centred on the person and their family and whānau under three themes of the individual, the population and the system[3].

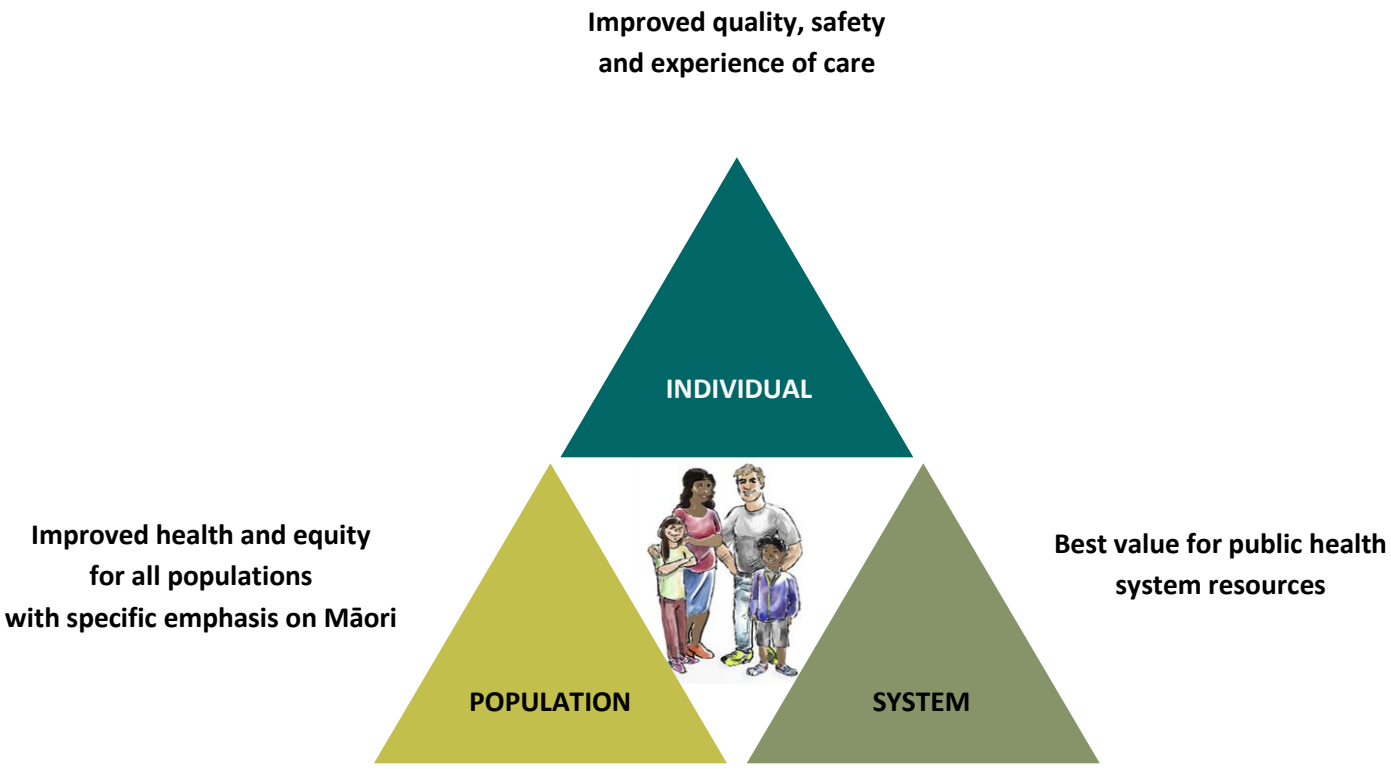
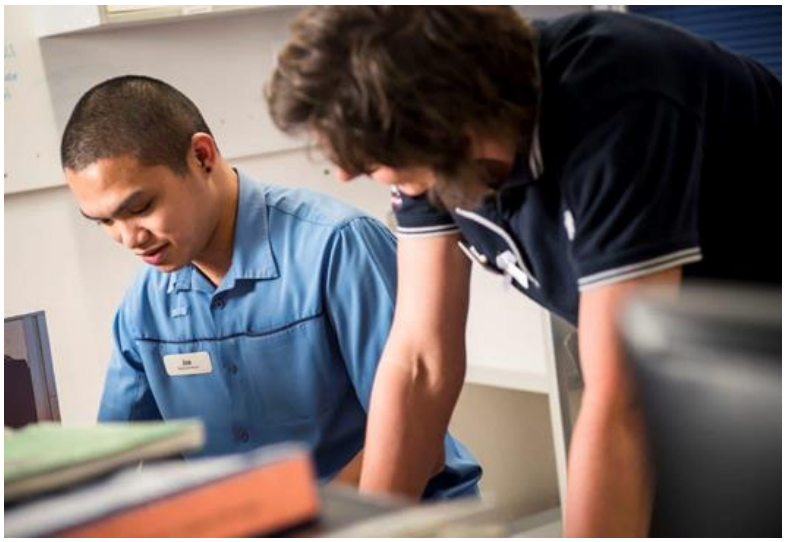


Figure 1: South Island regional goals

[3] Based on the New Zealand Triple Aim Framework, viewed April 2019 at www.hqsc.govt.nz/news-and-events/news/126/



1.4 Our South Island Health System

Our South Island health system illustrates the components that comprise a people-centred model to deliver effective and safe care as a region. The South Island Alliance (the Alliance) enables the region's five DHBs to work collaboratively to develop more innovative and efficient health services than could not be achieved by working independently.

By using our combined resources, we are better positioned to respond to changes in technology and demographics. Together we can achieve better health outcomes for the people of the South Island, one of New Zealand's four regions.

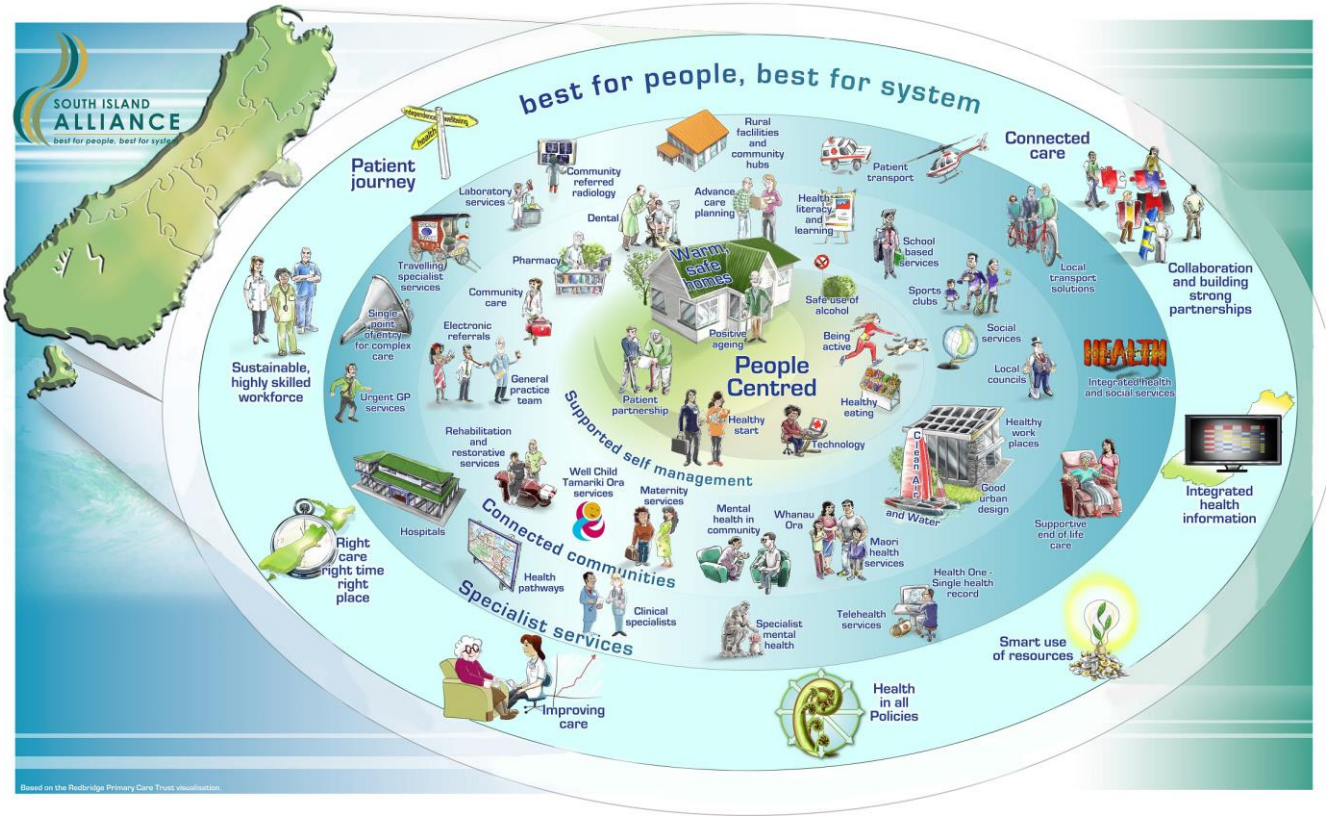


Figure 2: Our South Island health system

2 SOUTH ISLAND OUTCOMES FRAMEWORK

The South Island Outcomes Framework illustrates how progress is monitored toward the three regional goals and eight long-term measurable outcomes. These outcomes define what success looks like for the South Island as a region and enable evaluation of all our activities.

The Alliance's 20 work programmes support these outcomes through an integrated view of health services by ensuring districts, disciplines and stakeholders are represented on each group. The Framework is illustrated in **figure 3.**

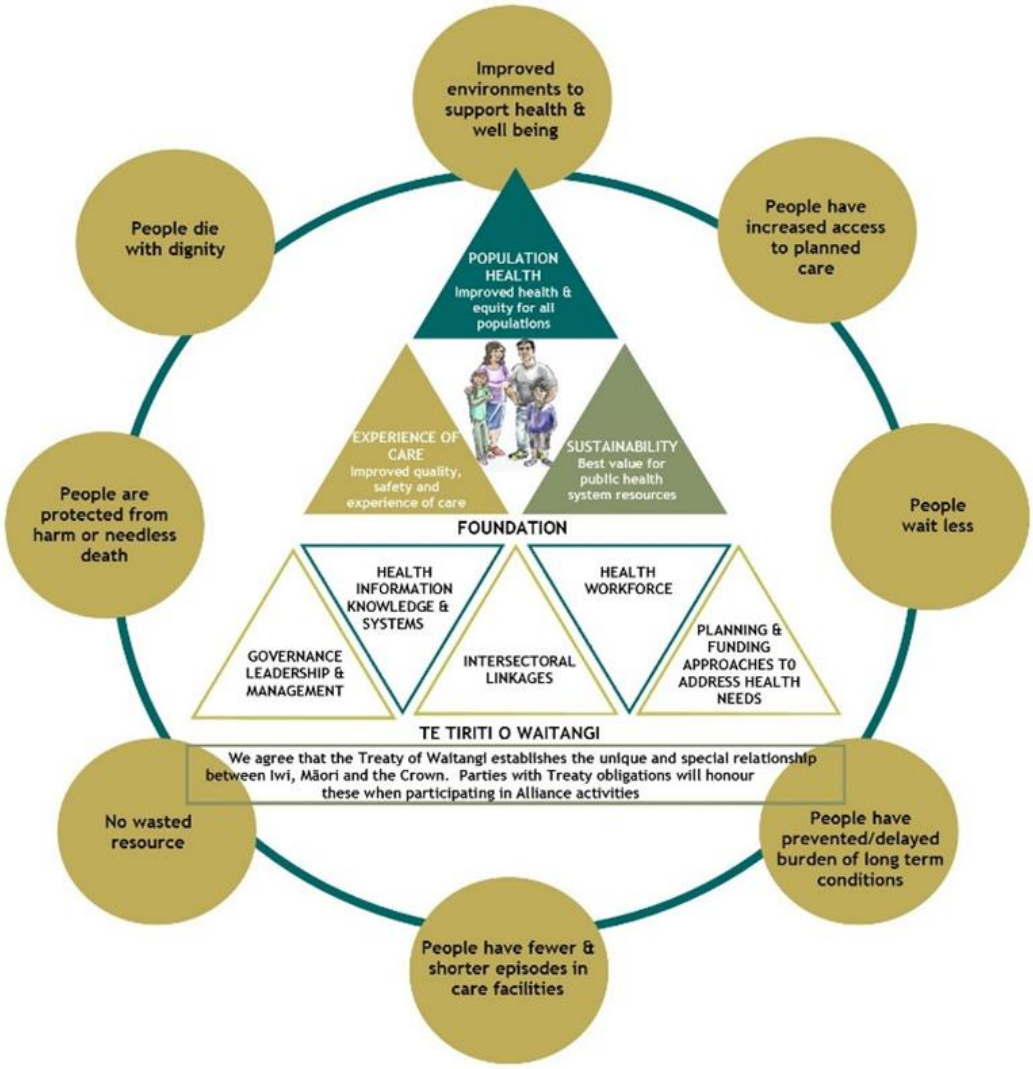


Figure 3: South Island Outcomes Framework

2.1 Outcome Measures

A range of measures under each of the eight outcomes are utilised to understand trends, identify service challenges and direct future work. These will be further refined for the 2019/20 year, aligning with the aims of this Plan.

The Alliance will continue to support initiatives to achieve progress on outcome measures including with primary health organisations (PHOs) and other key stakeholders. The Alliance works closely with these stakeholders to ensure outcome measures are achievable, realistic and consistent across South Island districts.

3 COMMITMENT TO EQUITY

The Alliance is committed to meeting its legislative obligations under Te Tiriti O Waitangi (the Treaty). The Alliance supports DHBs through regional collaborations to meet these obligations as specified in the New Zealand Public Health and Disability Act 2000, clause 22(1).

This includes reducing health disparities by improving health outcomes for Māori and other population groups. The aim is to eliminate health outcome disparities by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise health outcomes to those of other New Zealanders.[4]

In actualising the principles of the Treaty, the Alliance is committed to partnership, participation and protection in all its activities. This is demonstrated through robust partnerships and collaborations across all our programmes of work in the South Island.

All work programmes considered equity in development of their work plan activities. This is reflected with a column for 'equity focus' across all deliverables in implementation plans (section 5.3).

Activities that have been designed to specifically help reduce health outcome equity gaps are marked as equitable outcomes action (EOA). Monitoring progress on these activities will assist our aim to achieve equity in health and wellbeing.

> ***'You cannot be clinically competent if you're not culturally competent'.***
> (Riki Nia Nia, 2018)
>
> From Position Statement by Tumu Whakarae on Māori Workforce, endorsed by the National DHB Chief Executives, March 2019

The Alliance strives to understand and address inequities that exist in other groups including refugee and migrant communities, rural and remote communities and those living in communities with higher deprivation.

The Alliance is committed to a programme of cultural competency improvement to ensure we continue to meet our obligations and improve our own competency as an organisation.

3.1 Achieving equity for Māori

All Alliance activities contribute towards achieving equity for Māori, in particular, equity of access, diagnosis, intervention and outcomes. A Treaty-based approach ensures we address these issues in partnership with iwi Māori. The attainment of Māori health equity and pae ora (a healthy future for our whānau) in the South Island is based upon seven key drivers:

- *Te Tiriti o Waitangi* (1840) the founding document of our nation
- *He Korowai Oranga* the National Māori Health Strategy (2014)
- *Equity of Health Care for Māori Framework* (2014) and the *Health Equity Tool* (2008)
- The size and composition of the Māori population in the South Island
- A disproportionately high health need for Māori within the South Island relative to non-Māori
- A commitment across all five South Island DHBs to work towards Māori health equity
- A commitment to build iwi capacity to respond to their own health needs.

The Alliance supports the Position Statement by Tumu Whakarae on Māori workforce, endorsed by the national DHB chief executives in March 2019. Three key influencers will improve workforce responsiveness:

- new and future staff – by growing our proportion of Māori workforce to reflect the ethnic makeup of NZ society,
- current and existing staff – by realising cultural competence throughout the entire workforce,

[4] New Zealand Public Health and Disability Act 2000 viewed April 2019 at www.legislation.govt.nz/act/public/2000/0091/latest/whole.html

- making our environment conducive to greater uptake by Māori to improve recruitment and retention of Māori.

Te Herenga Hauora o te Waka-ā-Māui (South Island director/general manager Māori health leaders) provides advisory support to ensure initiatives developed by South Island programmes of work are appropriate as well as effective for Māori.

Te Herenga Hauora o te Waka-ā-Māui seeks to ensure that its regional work programme supports improving performance against national Māori health indicators, which are integrated into all South Island DHB annual plans.

Te Herenga Hauora also links with iwi health boards at district level. For Canterbury, Manawhenua Ki Waitaha (MKW) has the mandate of Papatipu Rūnanga and is supported by Te Rūnanga o Ngāi Tahu. In the West Coast, the Māori Health Directorate is jointly supported by the West Coast DHB and Tatau Pounamu Manawhenua Advisory Group. Nelson Marlborough's Iwi Health Board provides advice on the health and disability status of Māori in the Te Tau Ihu o te Waka a Maui (top of the South Island) region. Southern DHB's Iwi Governance Committee provides advice and support to improve the health of Māori living in this district. South Canterbury's Māori Health Advisory Committee ensures Māori participation and partnership in health planning, service design, development and delivery, and in the protection of Māori wellbeing.

These linkages enable Māori to participate in and contribute to strategies for Māori health improvement across the region. At a local level, such forums create a pathway for Māori health teams to be actively involved in all regional activities to ensure equitable access and health outcomes are achieved. As such, the responsibility to achieve Māori health equity is a shared responsibility.

Ehara taku toa, he takitahi, he toa takitini

My success is not the success of an individual but the success of many

'By working together we can and will make a positive difference.'

Te Herenga Hauora o te Waka-ā-Māui South Island DHB director/general manager
Māori health leaders strategic workshop 2017

3.2 Achieving equity for Pacific communities

Pacific communities experience poor health outcomes in New Zealand. For example, life expectancy for Pacific men is 6.7 years less than the total male population. Life expectancy for Pacific women is 6.1 years less than the total female population in New Zealand.[5] Pacific health status remains unequal with non-Pacific across almost all chronic and infectious diseases.

'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 is the Government's national plan for improving health outcomes for Pacific peoples.

The Alliance is guided by this national approach, noting that 'Pacific priority DHBs' include Canterbury DHB in the South Island region.

Our work programmes are inclusive of needs for Pacific Communities with current initiatives included for work programmes in Public Health Partnership (PHP), Well Child Tamariki Ora (WCTO) and Sudden Unexpected Death in Infants (SUDI).

[5] Ministry of Health viewed April 2019 at https://www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018

4 SOUTH ISLAND STRATEGIC ALIGNMENT

The following intervention logic illustrates the strategic alignment and line of sight between local, regional and national direction.

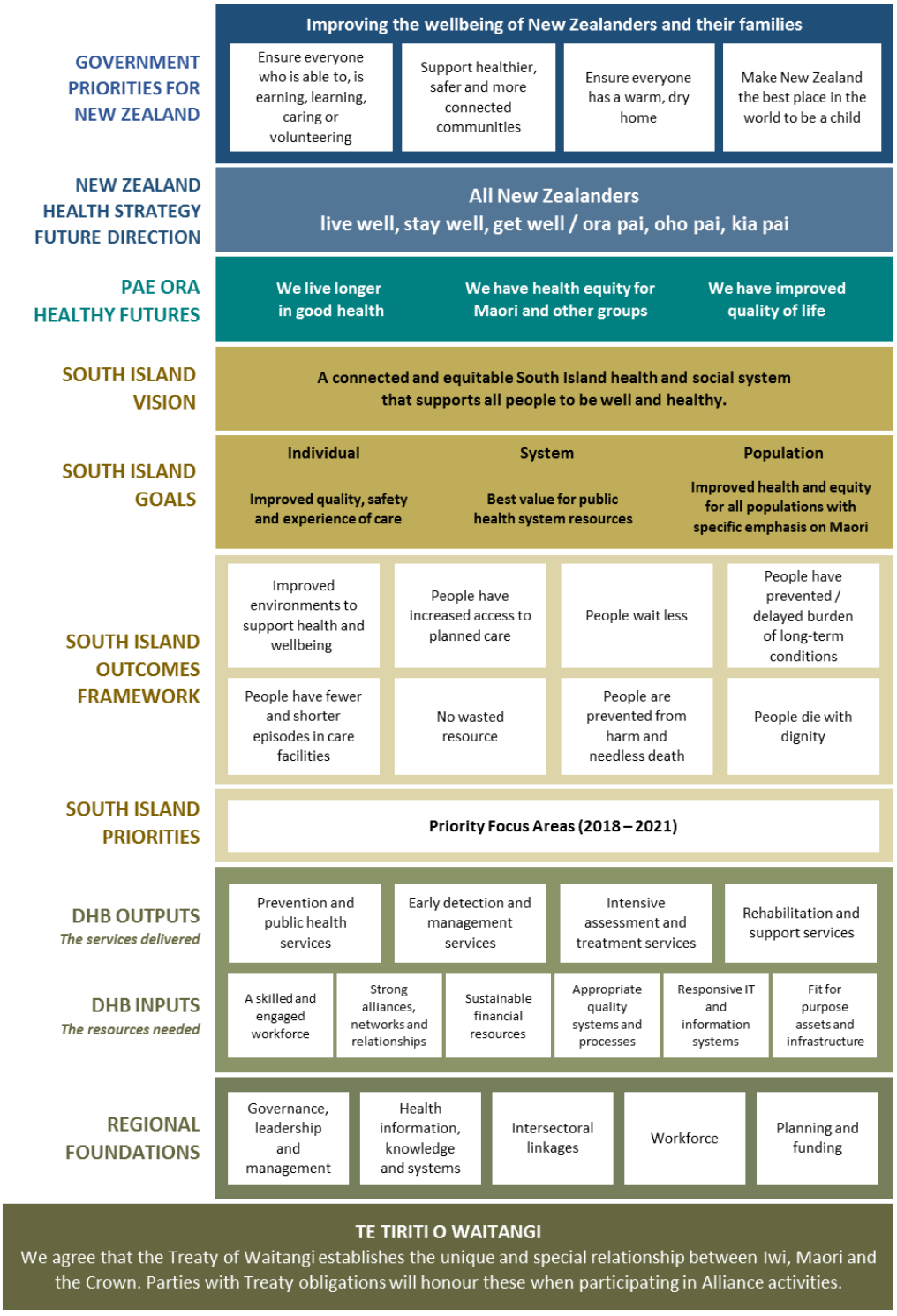


Figure 4: South Island Intervention Logic [6, 7]

[6] The Government's priorities for New Zealand, 2018 viewed April 2019 at www.beehive.govt.nz/feature/improving-wellbeing-new-zealanders-and-their-families

[7] South Island goals based on New Zealand Triple Aim Framework viewed April 2019 at www.hqsc.govt.nz/news-and-events/news/126/

4.1 National Alignment

New Zealand's health system continues to perform well against international benchmarks. An ageing population and growing burden of long-term conditions continues to drive increased demand for health services, while financial and workforce constraints limit additional capacity. Consumers increasingly expect services to meet their individual needs, as close to home as possible.

Government priorities for New Zealand were outlined in late 2018 with four high-level goals to improve the wellbeing of New Zealanders and their families.

New Zealand's health system vision is articulated in *the New Zealand Health Strategy (2016)* which supports all New Zealanders to 'live well, stay well, get well". Of the five key themes, 'value and high performance' includes the New Zealand Triple Aim framework. This provides an approach to improvement and seeks to balance goals across population, individual and system parameters. The Alliance seeks to achieve this balance and is further guided by a range of strategies, including:

- *He Korowai Oranga* (Māori Health Strategy) including *Pae Ora,*
- '*Ala Mo'ui* (Pathways to Pacific Health and Wellbeing),
- *Healthy Ageing Strategy*,
- *Primary Health Care Strategy,*
- *Rising to the Challenge* (Mental Health and Addiction Service Development Plan),
- *Living Well with Diabetes, a health care plan for people at high risk of or living with diabetes,*
- *Disability Strategy*, and
- *UN Convention on the Rights of People with Disabilities.*

National review processes also impact the regional strategic planning for the South Island. The *Review of New Zealand Health and Disability Sector* is considering the way health services are structured, resourced and delivered, with a final report due March 2020.

He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction has identified unmet need and areas of priority. Final recommendations were announced by the Government in May 2019 as part of a significant investment, however planning and prioritisation of initiatives is still being determined at the time of writing.

This plan aims to comply with the *New Zealand Public Health and Disability (Planning) Regulations 2011* and contains both strategic and implementation elements.

The South Island's history of building strong relationships and working collaboratively (at times in advance of government requirements), means we are well positioned to respond to the reforms and changes that may result.

4.2 Regional Strategic Direction

The Alliance improves delivery of health services by South Island DHBs. The shared vision for the South Island is achieved through collaboration of clinicians, managers, executives, Māori leaders, primary care, aged residential care, consumers, non-government organisations and many more that make up the complexity of our health and social services.

The Alliance does this by bringing together teams from across the South Island in each of our work programmes, to develop a regional approach to our service development and delivery.

The importance of equity for Māori in strategic direction is reflected in the engagement with Te Herenga Hauora o te Waka-ā-Māui and subsequent partnerships between DHBs and their respective Iwi health boards (see section 3.1). These linkages enable Māori to participate in and contribute to strategies for Māori health improvement across the region.

The Alliance seeks to integrate and better connect services, not only across the health sector but more broadly with non-health sectors by expanding inter-sectoral relationships. Removing barriers to primary health care services and improving equity, key priorities for this Government, form part of this strategic direction. Significant synergies with DHB plans exist, as outlined in section 4.4.

During 2018/19 the Alliance's direction was transitionary as our work programmes re-aligned their plans to place more emphasis on the priority focus areas. During 2019/20 the Alliance will continue this direction and consolidate this approach.

Collective Improvement Programme

The Alliance commits to supporting this new programme under development, supporting South Island DHBs to develop regionally-led improvement activity based on regional insights.

4.2.1 Infrastructure Redevelopment and Model of Care

Specific details related to infrastructure development reside within each individual DHB's Annual Plan. These developments may impact initiatives within Alliance work programmes. As an overview for the South Island, current developments include:

- Significant construction work in Christchurch with the new hospital acute services building due for completion later in 2019 following protracted delays. Several other Canterbury hospital sites have undergone redevelopment. Other major building works remain in Canterbury DHB's plan.
- The new Grey Base Hospital in Greymouth has an expected completion date of October 2019.
- Redevelopment of an Integrated Family Health Centre in Westport.
- A major rebuild of Dunedin Hospital on a new site is now in the more detailed planning and business case development phase.
- Nelson Marlborough DHB are finalising their Interim Business Case for Nelson Hospital redevelopment.
- South Canterbury DHB is working through a redevelopment of Emergency Department and some ward spaces.

The Alliance Board and Leadership Team are currently considering a whole of system model of care approach for the South Island, focusing on the challenges and opportunities that are being delivered by the current and proposed major infrastructure projects in the region.

Planning is currently underway to develop a regional planning framework supported by analytical tools. This will assist the Alliance and DHBs to work closely together using robust and accurate information in order to make appropriate decisions. The focus is on building an equitable and sustainable health services sector across the South Island that is prepared for, and therefore responsive to, the varying and growing needs of the population.

4.3 Priority Focus Areas

In early 2018, the Alliance Leadership Team (ALT) identified six priority focus areas to progress over one to three years. These were selected as they have the potential to accelerate our progress towards improving health outcomes for South Island communities. These areas also have strong alignment with DHB planning trends.

An extensive review process was undertaken of all Alliance activities in 2018. This has assisted in determining the value of all work programme activities in aligning with strategies, achieving equity for Māori, feasibility and how the activity rates as '*best for people / system.*' Further detail on this process is in appendix 1.8.

The Alliance work programmes have initially focussed on 'First 1000 days,' 'Advance Care Planning' and 'Acute Demand Management'. As momentum builds, our work programmes are progressing their re-alignment of activity toward the remaining three Priority Focus Areas.

The impact on clinical, financial and service sustainability of these approaches is outlined further in each priority focus area summary on pages 20-21.

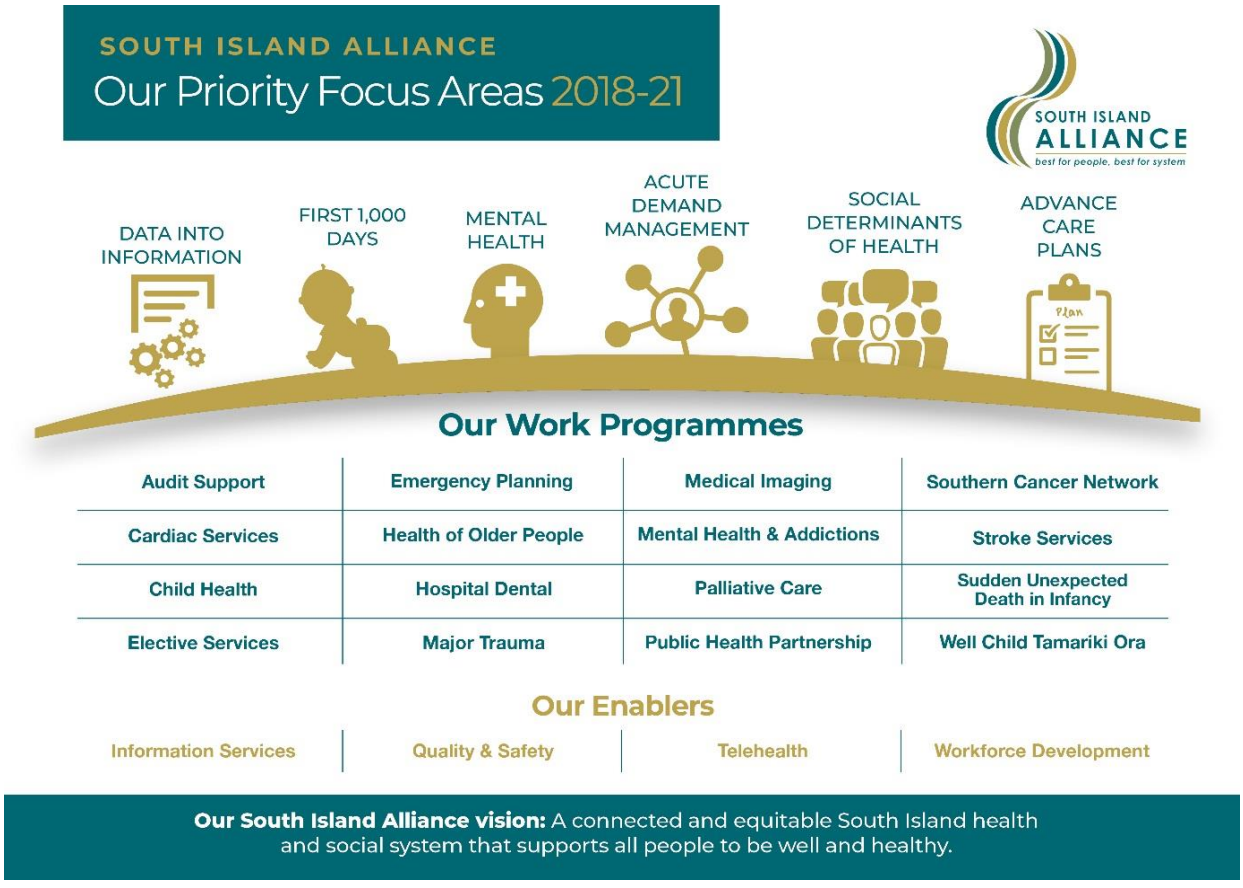


Figure 5: Priority Focus Areas and work programmes

First 1,000 Days and Vulnerable Children

First 1000 days focuses on the period from conception to two years of age, with a strong focus on infant social and emotional wellbeing and the impact of the mother's wellbeing on the infant. First relationships are central to an infant's emotional, social, psychological and brain development.

The rationale for this priority comes from an extensive body of research, indicating that addressing these issues at this early stage of a person's life, greatly increases the likelihood of improved health outcomes later in life as the person reaches adulthood. From a sustainability perspective this impacts far-reaching improved outcomes clinically and financially into the future.

First 1000 days also includes at risk / vulnerable children including the wellness of whānau in order to also address supporting older children.

'Giving all children the best possible start'

LEAD GROUP: Child Health SLA

Acute Demand Management

This priority focuses on a regional approach to achieve clinically efficient, equitable and sustainable services in priority areas across the spectrum of care. Managing acute demand cannot occur without a whole of system approach.

It starts with prevention and addressing the social determinants of health; it is built on strong primary and community services, clear health pathways and referral criteria, known and efficient transport mechanisms, accurate timely data and analysis, attention to workforce and information systems and enablers, and planned, collaborative responses within and between secondary and tertiary hospital services.

'Improving whole of system patient flow'

LEAD GROUP: Alliance Operational Group

Social Determinants of Health

The health status of individuals and communities is influenced by much more than healthcare services. People need safe and affordable houses, good air/water quality, good education, employment and income to maintain good health and reduce inequity.

A collaborative system-wide approach and engaging with non-health agencies including the education, housing, justice and local government sectors enables progression to achieving shared goals for people's health and wellbeing. Influencing these determinants enables a preventative approach to people's health and wellbeing and a more sustainable long-term outcome for the health system in reducing morbidity and mortality.

'Understanding and influencing the social determinants of health'

LEAD GROUP: Public Health Partnership

Mental Health and Addictions

He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction (the Inquiry Report) is a key influencer of this priority with a focus on equity of access, community confidence in the mental health system and better outcomes, particularly for Māori and other groups with disproportionally poorer outcomes.

Initiatives will be guided by recommendations of the Inquiry Report including early intervention, access, support and treatment pathways as well as workforce initiatives.

'Developing the mental health aspects of integrated systems of care'

LEAD GROUP: Mental Health and Addictions SLA

This priority also includes the development and embedding of regional models of care, and strengthening local and regional networks across the health, education and social services spectrum, achieving greater service sustainability. Local context means a 'one-size fits all' approach may not be appropriate.

Advance Care Planning

This priority supports people to receive the care they choose, in the event they no longer have the capacity to communicate this themselves. Life and death can be enriched if people's values underpin their care and they receive care in the place and manner they prefer.

This includes making advance care plans accessible across the South Island health system, ensuring quality and equity of the process, as well as regional consistency. Electronic advance care plans will also support a more efficient sustainable service system into the future, reducing clinical inefficiency and anguish for families / whanau, when a person's wishes are known. This priority area will move to 'business as usual' as soon as complete.

'Supporting person-centred choice during life and death'

LEAD GROUP: Health of Older People SLA

Data into Information

This priority focuses on operational/service level data, high/system level data and analytics, and forecasting to enable informative decision-making. This includes developing a cohesive data platform based on a shared data warehouse, providing access to operational, patient flow and forecasting capacity.

Turning Data into Information includes fostering an environment of inter-dependence and shared purpose, supporting services with regional frameworks and platforms. It includes responding to opportunities for improvement, effective utilisation of resources and removing barriers to integration. However scope does not include frontline/clinical level data. These improvements would enable a more financially and clinically sustainable health system into the future.
See section 5.1 for further information on the Information Services SLA Data and Digital Health Strategy, in development for the South Island region.

'Using data to support service development and improvement'

LEAD GROUP: Information Services SLA

A summary of work plans under each priority focus area is in section 5.3

4.4 District Alignment and Linkages

The Alliance supports working towards alignment and collaboration where possible, but recognises the need for flexibility to enable local solutions for local communities. The Alliance aligns with key outcomes in DHBs Statement of Intent and annual plans. This supports many activities and initiatives through collaboration, partnerships and cohesive interactions across sectors.

Current trends in DHB plans that align with the strategic intent of the Alliance include a strong focus on equity, demonstrating commitment towards achieving equity for Māori in particular. Trends include addressing aspects of workforce, greater engagement and increased delivery in the community through primary care, use of technological advances and data capabilities to enable efficiencies in delivery of care. This could also be described as greater use of 'data insights.'

DHBs also demonstrate a theme of continued focus in their goals on empowering and enabling people in their own healthcare. This includes effective public health services and environmental sustainability, and improving outcomes for people outside of hospitals. More effective use of hospital-based specialist resources is also a key theme.

The majority of these goals align with the South Island Alliance goals and vision to achieve a health and social system that supports all people to be well and healthy.

These activities, when summarised within current DHB planning priorities, show a strong correlation in supporting regional Alliance activity through the priority focus areas. This correlation is outlined in the matrix in **figure 6.**

		South Island Alliance Priority Focus Areas						
		First 1000 days	Advance Care Planning	Acute Demand Management	Social Determinants of Health	Mental Health and Addictions	Data into Information	Equity – across all activities
DHB planning priorities	Improving child wellbeing	✔			✔	✔	✔	✔
	Improving mental wellbeing		✔		✔	✔	✔	✔
	Improving wellbeing through prevention	✔	✔	✔	✔	✔	✔	✔
	Better population health outcomes supported by a strong and equitable public health and disability system		✔	✔	✔	✔	✔	✔
	Better population health outcomes supported by primary health care	✔	✔	✔	✔	✔	✔	✔
	Strong fiscal management		✔	✔			✔	

Figure 6: Correlation between DHB planning priorities and Alliance priority focus areas

At the planning level, coordinators of South Island DHB planning meet regularly with Alliance planning staff to ensure linkages and alignment across work programs and plans, as well as consistency in outcomes measures.

District Alliance collaboration is being developed to assist in achieving sustainable initiatives at a regional level across the South Island. This will ensure increased visibility of primary care across our work programmes and greater integration of local services in our regional work. This will contribute to more sustainable clinical and financially efficient outcomes and consistent approaches to service delivery. Partnerships are being developed with:

- Top of the South Health Alliance (ToSHA) and Top of the South Impact Forum (ToSIF, a cross-sector alliance), Nelson Marlborough region
- Canterbury Clinical Network (CCN)
- West Coast Alliance
- South Canterbury local alliances for Primary Care, and Maternal and Child
- Alliance South

A combined symposium of all South Island local alliances is planned for 2019. The focus of the symposium will be include relationship building and 'confirming line of sight' approaches to areas of shared mutual interest and benefit.

5 DELIVERING OUR VISION

This plan addresses both national priority requirements identified in regional planning guidance for 2019/20 by the Ministry of Health and regional priorities through the priority focus areas. Summary implementation work plans combining national and regional priorities are in section 5.3.

Tables 1 to 6 in section 5.3 summarise implementation work plans for each of the six priority focus areas (including relevant national priorities).

Table 7 summarises the Workforce work plan (including national priorities).

Table 8 summarises the Hepatitis C work plan (national priorities).

Table 9 summarises the Cancer Services work plan. Southern Cancer Network (SCN) is a Ministry of Health funded group within the Alliance and has a specific set of objectives and outcomes.

5.1 National Priorities for Regional Action

National priorities for regional action are included in implementation plans in section 5.3 and denoted by 'NATIONAL.' The following narrative provides underpinning rationale and addresses financial and clinical sustainability for the implementation of these initiatives.

Data and digital

Information solutions provide the platform to support improved information sharing that enables new models of care and better decision making. The Ministry of Health have identified that the delivery of information and communications technology (ICT) enabled change and innovation is critical in supporting the delivery of the New Zealand Health Strategy and the Government ICT Strategy, underpinned by technology supporting transformational change in the way patients and care teams access health services.

By working collaboratively, the Alliance will deliver a platform to support improved information sharing that will enable new models of care and better decision-making. Well-designed systems will help the South Island to work smarter to reduce costs, support care pathways and give patients better, safer treatment. Greater reliance on technology requires effective management of investments, implementations and ongoing operations. Sustained investment in Information Technology is one of the ways to manage increasing demand within limited resources. The roadmap for ICT investment in the South Island has been well established over multiple years.

The draft South Island Data and Digital Health Strategy will continue to support the principles on which the Information Services SLA was founded. Once finalised, this strategy will support the South Island's ability to innovate and respond to challenges more quickly and efficiently, enabling the design of a system that is smart, responsive and fit-for-purpose.

Workforce

Workforce as a key enabler accounts for approximately 75 per cent of the cost of any service. When considering service developments, new initiatives or updated models of care, consideration needs to be given to the implications for, or impact on, the workforce.

The South Island Workforce Development Hub (WDH) has identified five key activities including Māori staff recruitment and retention, sustainability of the rural maternity workforce, mental health and addiction workforce, skill sharing and skill delegation methodology (Calderdale Framework) and growing a sustainable rural workforce.

The WDH operates across the South Island health sector to lead and support workforce development, education and training to better meet the health needs of the South Island

population. In 2019/20 the WDH will build on the achievements of earlier years, continuing to work with over 170 participating clinicians and health managers across the South Island.

The focus of our plan is to achieve workforce sustainability, best use of the health dollar and to support safe clinical practice. Implementing a Skill Sharing and Skill Delegation methodology aims for best use of resources and to grow and develop the Kaiawhina role and workforce. Growing a sustainable rural workforce aims to address rural inequities through developing the workforce to achieve both clinical and financial sustainability. It is envisaged that addressing equity for Māori through workforce initiatives will have a secondary benefit for Pacific people and other groups.

Hepatitis C

The hepatitis C reference group is led by Canterbury DHB on behalf of the South Island region. Its role is to coordinate implementation of integrated assessment and treatment services for people with hepatitis C.

By working collaboratively, stakeholders across the five DHBs are able to achieve clinical consistency and service efficiencies in seeking to eliminate hepatitis C. This directly supports the South Island strategic goal of improving health for Māori and Pacific populations and those for whom other inequities exist such as people from a high-risk country; people that have ever been in prison, or been born to a mother with hepatitis C.

Next step activities include a range of public awareness campaigns, involvement in education sessions for primary health care providers and nurse co-ordination with primary care 'lookback programmes' - whereby reviewing previous laboratory results identifies patients either to be treated and/or those that require further testing. Activities also include collection of data from pilot hepatitis C testing programmes, and development of national secondary care treatment guidelines to support specialists to provide consistent treatment for more complex cases in smaller centres.

This plan is aligned with the World Health Organisation goal of eliminating hepatitis C by 2030.

Cardiac services

The Cardiac Services workstream provides regional leadership across the South Island cardiac continuum of care with current focus on a South Island model of care, using data for information and ensuring efficient and sustainable pathways. Actions identified from monitoring chest pain pathways, ANZACS-QI module data, and addressing vulnerable cardiac workforce issues, directly addresses sustainability in seeking to achieve clinical and service efficiencies.

For example, following the Accelerated Chest Pain Pathway (ACPP) enables diagnosis and care at Emergency Department that often means patients do not have to progress to cardiac wards thus reducing bed time and length of stay. Completion of the regional ECG repository is designed to provide greater visibility for all, enabling more efficient diagnosis and reducing duplication.

Pathways enable timely care at the right place. DHBs and St John staff working collaboratively have agreed regional pathways with local variations to allow for available resources. This includes patient transfer services between hospitals which is improving efficiency for meeting ANZACS QI targets. The STEMI pathway, linked to on-call cardiologists, also ensures patients are quickly transported to, or receive, the right care.

These actions directly support the South Island strategic goals in improving quality safety and experience of care for people and progressing toward the best value being utilised for public health resources.

Stroke services

The Stroke Service workstream is a team of stroke service clinicians and managers from the five DHBs who are working together to improve the health outcomes for people who have experienced

stroke, to maximise their potential to lead self-managing and independent lives and reduce the recurrence of stroke.

Priorities under national activity include collection and collation of national stroke measures data, acute stroke telehealth service, supporting early active rehabilitation services and alignment of prevention programmes.

The combined actions of South Island stroke services' activities seek to provide an integrated and coordinated approach to stroke in the South Island. Embedding the telehealth service will ensure greater clinical efficiencies and improved sustainability. Improved data collection enables greater understanding of disparities and informs actions to improve outcomes and efficiencies. These activities directly support South Island goals in improving quality, safety and experience of care and improved and equitable health across all population groups.

Healthy Ageing

The Health of Older People service level alliance (HOPSLA) provides expertise and guidance on delivery of service to the South Island population over 65 years old (or those close in age and need). The vision is to provide best health care and healthy ageing across the South Island.

Dementia is one of five HOPSLA priorities and forms part of this national plan of requirements to conduct a stocktake and identify and develop an approach for DHBs to implement the *New Zealand Framework for Dementia Care.*

Dementia is a growing priority in our communities with a large cohort of people expected to need services in coming years, as a result of an ageing population. The dementia stocktake will enable a clearer understanding of current service availability and identification of potential actions to address the increasing need.

This work will have a direct impact on developing a sustainable response to enable services that support the person with dementia at the individual level, community level and population. It is intended that gaps in services and level of need identified will inform future planning and lead to sustainable and financially fiscal outcomes at various levels of the health system in the South Island. These activities directly support the three strategic goals of the Alliance.

5.2 Delivery of Regional Priorities

Our work programmes have developed their work plans through the lens of the priority focus areas. Where possible, existing activity has been reviewed to align with these priorities as part of each work programme's work plan.

Further ongoing activity undertaken by each work programme is not listed in the implementation work plan summaries but remains in each programme's ongoing work plan as part of the Alliance programme.

Overviews of these work programmes are summarised narratively in section 6.

5.3 Implementation Work Plan Summaries

Note: the requirements of the Ministry of Health Regional Service Plan Guidelines have been integrated into the wider Alliance work programmes' plans and where necessary identified as 'NATIONAL' to support quarterly reporting requirements.

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

1. First 1000 days - *Giving all children the best possible start*

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
1.1 Develop partnerships and programmes that support the best possible start for children	a) Review and evaluate current smoking cessation programmes for hapu (pregnant) women and their whānau, smoking cessation support (antenatal and postnatal) and incentives across DHBs.	Medium /Long	Measurable increase using WCTO framework Indicator of smoke-free households at 6 weeks.	All South Island (SI) babies live in smoke-free homes at six weeks. (EOA)	Child Health SLA / SUDI
	b) Support the funding of breast pump hire and appropriate breastfeeding support. Partnership project with MSD.	Medium	Women in receipt of a benefit can access financial support to fund a breast pump.	Equitable breastfeeding rates at four months. (EOA)	Child Health SLA / WCTO
	c) Advocate for development and/or establishment of Wananga Haputaanga or kaupapa Māori pregnancy and parenting programmes. Includes stocktake of programmes.	Medium	Kaupapa Māori parenting programmes across the SI, improving outcomes for Māori pepe and their whanau.	Māori access to programmes and maternal child health outcomes. (EOA)	Child Health SLA
	d) Pilot Hauora Direct, a 360 degree health warrant assessment, intervention and referral tool sub-regionally (WCDHB). Partnership with Te Herenga Hauora (NMDHB lead).	Medium	Improve health sector performance in Māori health priority areas for Māori children and their whānau.	Supports working towards equity in all child health priority areas.	Child Health SLA
1.2 Develop approaches that support Infant social and emotional wellbeing	a) Identify approaches through convening a working group to promote infant socio-emotional wellbeing and the prevention of parent-child relationship difficulties and intervention across primary, secondary and tertiary services.	Medium	Report and recommend on training needs, service models and pathways of care needed including service delivery targets.	Supports the most vulnerable babies including Māori pepi and whanau. (EOA)	Child Health SLA
	b) MHASLA will advise the Infant Emotional and Mental Wellbeing working group and support the Werry Centre project on needs of people identified under Supporting Parents Healthy Children (SPHC).	Medium	More supports for training in SPHC.	Improved equity outcomes through Te Rau Matatini via the SPHC steering group. (EOA)	Mental Health & Addictions SLA
1.3 Protect vulnerable children from family violence	a) E-Prosafe enhancements through engagement with lead DHB (CDHB) to develop governance of E-Prosafe and business rules and to consider wider use including in primary care (Links to Data into Information priority).	Long	E-Prosafe tool information available across the SI.	Child protection issues disproportionately impact Māori children; targeted action reduces inequalities. (EOA)	Child Health SLA

	b) Convene a joint SI Child Protection Forum for Clinicians and FVIP Teams	Short Q4	Staff gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Child protection issues disproportionately impact Māori children, therefore targeted action reduces inequalities.	Child Health SLA / WCTO
1.4 Strengthen enabling functions to support outcomes for the best possible start for children	a) Structured implementation of regional telehealth strategy in Paediatric clinical specialty. More widespread implementation is indicated despite Paediatrics being an early adopter.	Medium / Long	Telehealth successfully implemented in paediatric speciality.	Equitable access to telehealth, for all patients.	Telehealth workstream
	b) Develop a strategy to recruit and retain midwives in rural settings in conjunction with rural workforce. National	Medium / Long	Sustainable rural maternity service supported by a full complement of rural midwives.	Increased number of Māori midwives in the rural workforce. (EOA)	Workforce Development Hub
	c) Convene a SI Māori Health innovation symposium. Partnership with Te Herenga Hauora (NMDHB lead), as an information sharing forum with focus on sharing best practice kaupapa Māori initiatives across the SI.	Medium	Accelerate health sector performance in Māori health priority areas for Māori children and their whānau.	Supports working towards equity in all child health priority areas.	Child Health SLA

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
2. Acute Demand Management - *Improving whole of system patient flow*					
2.1 Identify and support initiatives that specifically impact patient flow in acute demand management	a) Recommend clinically consistent HealthPathways that support acute demand management. May include GP referral for key diagnoses for elderly, consistent admission avoidance processes, consistent discharge and support processes.	Long	Sustainable, equitable, clinically consistent health services that match capacity and demand.	Equity of access to services.	AOG / Electives
	b) Support restorative care stocktake, required every two years. Support work to embed provision of restorative care in service specifications for home-based support services.	Medium	Stocktakes completed as per national requirement. Provision of home-based support agreed and implemented.	Address equity in response to stocktake results.	HOPSLA
2.2 Support initiatives that contribute to improving patient flow in acute demand management	a) Propose a SI model of Intensive Care Service delivery ensuring DHBs' link to optimise capability and capacity and take on an appropriate role within any national model on intensive care service provision that may evolve during the project's life.	Medium	Model of intensive care service delivery agreed.	Equity of access to services.	AOG / Electives
	b) Develop a response to MoH Planned Care priorities once published.	Short Q4 / Medium	TBA		AOG / Electives
	c) Identify options to improve after-hours access to palliative support in the community (including aged care) to reduce preventable hospital transfers/admissions. Includes addressing gaps in after-hours access to medical support and medications.	Medium	Palliative patients in the community receive appropriate care in place, 24 hours a day.	Equity of access for rural and low decile populations. Cultural preferences for place of care documented and honoured.	Palliative Care workstream
	d) Support development of end of treatment pathways/services for people recently completing cancer treatment. Develop a pilot initiative to support patients transitioning from care.	Short Q4	Pilot initiative in one DHB to support transition at end of cancer treatment.	Further understanding of specific needs of Māori and ensure any initiative is culturally appropriate.	Southern Cancer Network
	e) Confirm the most appropriate destination policies for Major Trauma, taking into account local variations.	Short Q3	Destination policies agreed and implemented across the region.	Equity of access to services.	Major Trauma SLA
2.3 Identify and mitigate challenges related to vulnerable services	a) Complete a stocktake of SI DHB Orthopaedic workforce recruitment and retention plans. Identify further service and workforce implications for DHBs.	Short Q4	Sustainable, equitable orthopaedic health services that can match capacity and demand	Equity of access to services.	AOG / Electives
2.4 Support cardiac initiatives that contribute to improving patient flow in acute demand management	a) Finalise and implement SI Cardiac Model of Care Plan. Includes consistency across DHBs and inter-sectoral care from primary to tertiary.	Short Q2	Support DHBs to improve access for all patients to cardiac services and tests.	Addresses inequities across all SI communities.	Cardiac workstream

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

Implementation work plans

Objective	Activity / Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
and supports national initiatives.	b) Agree and implement out-of-hospital STEMI pathways to ensure a consistent approach, in conjunction with St John.		Short Q2	HealthPathways on-line and accessed across the primary, secondary and tertiary sector.	Equitable access for all SI people.	Cardiac workstream
	c) Audit and review existing chest pain pathways annually.	National	Annually	Refinement of chest pain pathways based on new evidence, where appropriate.	Review how Māori, Pacific and rural people are using the pathway. (EOA)	Cardiac workstream
	d) Address vulnerable cardiac workforces at a regional level with Workforce Development Hub (WDH) to confirm the current workforce, identify gaps, and recommend actions to achieve workforce sustainability. Initial focus on cardiac physiologists.	National	Short Q3	Plan developed to address service improvements identified from the visibility of data.	Workforce actions taken to address equity matters identified in data analysis.	Cardiac workstream / WDH
	e) Ensure accurate and timely data entry to all core ANZACS-QI modules (ACS, PCI, Devices and Heart Failure), and regularly review outcomes data for these modules.	National	Quarterly	Timely data entry achieved, service improvements identified from the visibility of data.	Data will identify ethnicity, analysis and action to address equity.	Cardiac workstream
2.5 Support stroke service activities that contribute to improving patient flow in acute demand management and supports national initiatives.	a) Improve collection and collation of national stroke measures data across the SI. Includes review of regional stroke measures reports each quarter.	Nation	Short Q1	SI overview of progress is gained by clinical teams involved.	All measures will be reported for Māori, Pacific Island and by age under 65 years.	Stroke workstream
	b) Finalise embedment of Acute Stroke Telehealth service with SI DHBs for out-of-hours acute stroke service. Includes Health Pathways review and update.	National	Short Q4	Telestroke is embedded in six spoke centres and Christchurch hub.	Culturally appropriate service provision for Māori and Pacific people.	Stroke workstream
	c) Support DHBs to ensure all eligible people with stroke receive early active rehabilitation services. Includes sufficient staffing levels for in-patient, community and early supported discharge teams.	National	Short Q4 / Medium	Early active rehabilitation achieved and staffing achieved in accordance with DHB plans.	Culturally appropriate rehabilitation approaches for Māori and Pacific people are implemented. (EOA)	Stroke workstream
	d) Develop and implement stroke prevention plans / programmes to reduce stroke incidence that align with and supports National Stroke Network guidance.	National	Medium	Prevention plans align with national guidance.	Prevention plans / programmes include specific action for Māori and Pacific people. (EOA)	Stroke workstream
	e) Implement the SI Acute Stroke Services Plan by identifying service improvement, planning and funding required by each DHB to achieve sustainability.		Short Q4	Sustainable service improvement is identified and achieved.	All stroke patients are managed equitably as a time critical emergency.	Stroke services workstream

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

Implementation work plans

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
	f) Implement 'Code Stroke' - a rapid treatment pathway to minimise onset to needle time. Includes standardised thrombolysis education.	Short Q4	Standardised thrombolysis education is available across the SI.	Equity of telestroke service across SI.	Stroke services workstream
	g) Support implementation of SI clot retrieval service for suitable patients according to agreed parameters. Agree longer term, sustainable service plan.	Medium	A sustainable SI Clot Retrieval service is agreed and implemented.	A sustainable and equitable SI Clot Retrieval service.	Stroke services workstream
	h) Support embedment of acute stroke destination policies including transport protocol to the most appropriate stroke hospital and to clot retrieval centre.	Short Q4 / Medium	Protocols are agreed and understood.	Equitable access for all SI people.	Stroke services workstream
	i) Support implementation of Australasian Stroke Guidelines in each SI DHB. Includes clinical leadership of Lead Stroke Physician and Lead Stroke Nurse.	Medium / Long	Stroke Services are available in each SI DHB and the national measure is met.	Services are delivered equitably across culture, groups and geography.	Stroke services workstream
	j) Support DHBs to ensure each SI designated stroke hospital is recognised. Includes St John destination policy, imaging access, thrombolysis expertise.	Short Q4	All stroke patients are managed as a time critical emergency.	Equitable access for all SI people.	Stroke services workstream
2.6 Support dementia activities that contribute to improving patient flow in acute demand management and supports national Heathy Ageing initiatives.	a) Support SI DHBs to complete a regional dementia stocktake of services / activities as art of national healthy ageing priority. National	Short Q2	Dementia Stocktake completed in Q1. Report sent to MOH by end of Q2.	Stocktake addresses equity of services for Māori and Pacific people.	HOPSLA
	b) Implement the NZ Framework for Dementia Care. Includes supporting DHBs to use the stocktake to inform priorities and action. National	Short Q4	Priorities and actions are identified in the SI, to progress the NZ Dementia Framework.	Specific action identified to address equity for Māori and Pacific people. (EOA)	HOPSLA
	c) Build capacity and capability to embed integrated approach to dementia. Develop and finalise business case for a regional resource to support activity within each SI PHO. (Note: Business case and funding dependent)	Medium / Long	Capacity and capability embedded for regional approach to dementia. Primary practices diagnose and support dementia in the community.	Capacity and capability built to address equity for Māori and Pacific people.	HOPSLA
2.7 Support enabling initiatives that contribute to improving patient flow in acute demand management.	a) Implement SI Patient Information Care System (SI PICS) in WCDHB, SCDHB & SDHB. Replace legacy PAS solution/s with a single regional SIPICS instance.	Long	SIPICS implemented into WCDHB Q4 2020/21, SCDHB Q3 2020/21 and SDHB Q3 2021/22.	Integration with the NHI web service will improve patient demographic data, including ethnicity.	ISSLA
	b) Implementation of eTriage – eReferrals received through the RMS module in HCS with triage functionality.	Long	NMH, SCDHB, SDHB receive and triage referrals electronically Q4 2019/20	Improved data will enable reviewing equity and will enhance analysis.	ISSLA
	c) Implement eReferrals programme, providing the ability to deliver electronic requests inter and intra hospital including the community, private and ACC providers.	Long	SI Create eRequests business case approved, SI DHB Inter and intra hospital referrals sent electronically	n/a	ISSLA

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
	d) Finalise Telehealth Strategy Including establishing regional governance, stocktake analysis and strategy approval.	Short Q1	Implementation of telehealth strategy in all SI DHBs.	Strategy addresses equity of services.	Telehealth SLA

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
3. Social Determinants of Health - *Understanding and influencing the social determinants of health*					
3.1 Develop cross-sector and inter-health initiatives to improve first 1000 days outcomes	a) Further develop the Hauora Alliance through actively contributing expertise, leadership, programme facilitation, hosting and management.	Medium/ Long	Health determinants and gap in life expectancy show measurable improvements.	Actively addresses equity with Te Putahitanga O Te Waipounamu as part of Hāuora Alliance.	Public Health Partnership
	b) Collaboratively develop cross-sector initiative/s to address adaptive public health challenges during first 1000 days of life.	Medium/ Long		Improved equity focus and understanding using Te reo /cultural protective factors. (EOA)	Public Health Partnership
	c) Develop closer working partnerships with Child Health and Mental Health SLAs.	Short Q4 / Medium			Public Health Partnership
	d) Improve health stakeholder alignment within Hauora Alliance to accelerate progress.	Short Q4			Public Health Partnership
3.2 Improve equity through public health approaches	a) Co-design regional public health approaches to improve equity and Hauora Māori through partnership with Te Herenga Hauora.	Short Q4 / Medium	Agreed approaches to improve equity and Hauora Māori.	Improved equity outcomes and Hauora Māori.	Public Health Partnership
3.3 Apply 'Health In All Policies' and/or regional approaches to key public health concerns	a) Promote position statements for environmental sustainability, healthy housing, and sugar sweetened beverages.	Long	Key decision-makers and influencers action the recommendations in the position statements.	Equity will be significantly improved as key decision makers and influencers' action recommendations.	Public Health Partnership
	b) Scope the development of a position statement for water	Short Q3	Scope agreed and position statement produced.		Public Health Partnership
	c) Scope options for a consistent and coordinated regional approach to community resilience and psycho-social wellbeing.	Short Q3 / Medium	Agreed next steps re developing a coordinated response.	Improved outcomes through a strong focus on equity.	Public Health Partnership
	d) Monitor and report regional approaches to alcohol harm reduction.	Long	Connected approaches and peer learning re alcohol harm reduction.		Public Health Partnership
	e) Implement and monitor shared regional approaches to promote healthy eating and active lifestyles.	Medium/ Long	Shared approaches to promote healthy eating and active styles.		Public Health Partnership

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
4. Mental Health and Addictions - *Developing the mental health aspects of integrated systems of care*					
4.1 Support mental health outcomes by building on recommendations of the government inquiry	a) Support the direction and identify priorities and initiatives to respond to recommendations of *He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction.*	Short Q2	Priorities identified and next steps planned.	Priorities identified that include equity outcomes.	MHASLA
4.2 Support equity in mental health with improved cultural competency	a) Identify current cultural competency training and resources related to equity for Māori and adapt to SI workforce needs.	Short Q4	Cultural competency training and resources available to SI workforce. Includes cultural competency training for MHASLA members.	Cultural competency training and resources address equity for the SI workforce. (EOA)	MHASLA
	b) Identify current cultural competency training and resources for diversity and adapt to SI workforce needs.	Long	Workforce plan meets the needs of the SI diverse population.	Cultural competency training and resources address diversity as part of equity.	MHASLA
4.3 Strengthen workforce initiatives to support mental health outcomes	a) Develop a regional strategy to build on the competence and expertise of the Māori workforce. Includes promoting SI Māori internships and increasing organisational and individual cultural competence for working with Māori.	Long	Competence and expertise of the Māori workforce is enhanced.	Develop specific supports for Māori workforce within the Workforce Plan (EOA)	MHASLA
	b) Develop new "whole of system" regional strategies and activities for workforce.	Medium	Workforce Plan aligns with the national Mental Health and Addictions Workforce Action Plan.	Specific supports included within Workforce Plan to address equity.	MHASLA
	c) Build capacity and capability in the Mental Health and Addiction Workforce. Includes refreshing and implementing the MHA Workforce Strategic Plan. National	Short Q2 / Medium	MHA workforce that meets client needs.	MHA services provide culturally appropriate care for Māori.	Workforce Development Hub / MHASLA
4.4 Strengthen further enabling functions to support mental health outcomes	a) Deliver eMental Health functionality. Includes agreed direction, development of implementation business case and solution following agreed regional roll-out.	Long	SI Mental Health services have access to an integrated whole of system eMental Health solution.	Focus on equitable access and outcomes for Māori and Pacific Islanders.	ISSLA
	b) Implement telehealth strategy in Mental Health and Addictions in a structured way.	Medium / Long	Telehealth successfully implemented.	Equitable access to telehealth will be investigated, ensuring equity of access and choice.	Telehealth SLA
	c) Collaborate with Health Quality and Safety Commission and Quality and Safety SLA on national work by HQSC MHAQI team for Quality Improvement and learning from Adverse Events.	Medium	SI sector informed re MHAQI developments.	MHAQI projects have an equity focus informed by consumer, whānau and Māori advisory groups.	MHASLA

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
4.5 Strengthen response to addictions	a) Review and identify challenges and service need for alcohol and addictions in older people. Collaborate with Public Health Partnership to link with national Safe Alcohol use programmes.	Medium/ long	Identify and respond to next steps in safe alcohol and other drug use in older people.	Consider equity focus in next steps.	HOPSLA
	b) Consolidate SI Alcohol and Other Drugs Model of Care/SACAT, including support of hub-and-spoke work.	Medium	Substance Addiction Compulsory Assessment and Treatment Act requirements are met.	Mana enhancement is evident in practice.	MHASLA
4.6 Improve information for people with mental health issues	a) Identify and report on information portals for people with mental health issues in primary and community care.	Short Q4	Better access to information for people living with mental health issues.	Access to culturally appropriate information. (EOA)	MHASLA

NOTE: Further information, activities and deliverables will be identified and confirmed according to Government decisions arising from *He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction*. However, the Mental Health and Addictions Service Level Alliance note the key recommendation themes published in the report that include:

- expanding access and choice (including facilitating co-design),
- transforming primary health care,
- strengthening the NGO sector,
- enhancing wellbeing, promotion and prevention,
- people at the centre (strong consumer voice),
- strong action on alcohol & drugs, and
- preventing suicide.

*Short term: 6/12 - 1 year
Medium term: 2 - 4 years
Long term: 5 - 10 years
(Quarter due for short term only)

Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
5. Advance Care Plans - *Supporting person-centred choice during life and death*					
5.1 Support ACP implementation with robust policy and guidance	a) Achieve Advance Care Planning (ACP) regional consistency that benefits all 5 DHBs through development of common IT/IS formats and system, common policies and development of measures.	Medium	A full electronic ACP system is available in each DHB to support staff and people that becomes 'business as usual'.	Supports an equitable approach.	HOPSLA
	b) Regional Medical Care Guidance (MCG) - medically led process beneficial for people who lack capacity to complete an ACP. Includes agreement and development of a regional paper document and electronic template for documentation in HCS/HealthONE.	Medium	MCG Booklet, SI Health Pathway and SI electronic MCG available on HCS/H1	Broadly supports an equitable approach.	HOPSLA
	c) Develop the Regional Quality Verification Process - quality processes through a virtual team to review clinical interpretability of each newly written e-ACP.	Medium	A broadly similar quality assurance process is operational in all SI DHBs.	Broadly supports an equitable approach.	HOPSLA
5.2 Support electronic ACP implementation	a) Support DHBs to implement electronic progress notes for ACP to capture important patient conversations that may not otherwise progress to an ACP.	Short Q4	SI Electronic ACP progress notes on HCS/H1 for all DHBs.	Supports an equitable approach for ACP.	HOPSLA
	b) Bridge the paper/electronic system by developing mechanisms until all providers are able to access HCS/Health One.	Short Q2 / medium	Process disseminated for providers to link paper and electronic ACP.	Broadly supports an equitable approach.	HOPSLA
5.3 Support consistent and equitable ACP implementation for all South Islanders	a) Develop ACP process and pathway for Māori in conjunction with Māori health teams and national guideline.	Medium	SI ACP process for Māori developed.	Embed appropriate resources and guidance for Māori. (EOA)	HOPSLA
	b) Develop and embed ACP resources and guidance in Aged Care villages; explore with key champions in aged care.	Medium	Pathway for Aged Care village communities developed.	Addresses ACP for Māori in Aged Care. (EOA)	HOPSLA
	c) Develop the appropriate documentation and supporting education package to consistently implement Te Ara Whakapiri: Principles and guidance for the last days of life. Support implementation in settings including hospices, ARC and primary care.	Medium	Consistent and quality care pathway in the last days of life across the South Island.	Enables cultural preferences to be identified and honoured at end of life. (EOA)	Palliative Care workstream
	d) Support increased understanding and use of ACP in cancer services; support DHBs to increase the profile and completion of ACP along the cancer continuum.	Short Q4	Increased proportion of cancer patients with an ACP in place.	Future care is culturally appropriate for patients.	Southern Cancer Network

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Objective	Activity / Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
6. Data into Information – *Using data to support service development and improvement*						
6.1 Transform service delivery	a) The SI commits to implementing standards that support inter-operability and integrated systems. Programmes supported by technology will be reviewed by MoH Digital & Technology to ensure national standards alignment.	National	Long	Deliverable: Standards based integrated systems are implemented. Outcome: Enables an integrated and inter-operable SI health system.	Information systems and technology enable, contribute and support initiatives that have a focus of delivering equitable access and outcomes.	5 DHBs
	b) The SI commits to considering regional and national implementations, where practical, including all of government initiatives for cloud-based solutions and "as a service" offerings.	National	Long	Deliverable: New SI initiatives have considered regional and national solutions including cloud based and "as a service" offerings.		5 DHBs
	c) Implement a Regional Service Provider Index (RSPI) through alignment with HPI development.		Long	Extensions to the national HPI, roll-out of extended HPI functionality and phased implementation as per agreed order.	Facilitates better attribution of patient-to-service data, and ultimately improved patient safety for Māori and Pacific Islanders.	ISSLA
	d) Review capture, management and visibility of Alerts and Warnings data across SI. Identify opportunities to improve and align systems, workflow and processes.		Long	Improved capture, management and visibility of Alerts and Warnings across the region.	Focus on equitable access and outcomes for Māori and Pacific Islanders.	ISSLA
	e) Develop common recording in patient management systems for oral health. Align current patient and treatment codes between the DHBs to enable consistency of data for planning and reporting.		Medium	A set of agreed treatment codes and referral codes. Work with community dental (school dental services) for whole of system common data.	n/a	Hospital Oral health services
	f) Convene an E-growth charts working group to provide governance of the system and recommendations on enhancements.		Medium/ Long	Working group convened and work programme agreed.	Child healthy weight issues disproportionately impact on Māori children, targeted action reduces inequalities.	Child Health SLA
	g) Adopt and implement a diabetes patient management system in partnership with the 5 DHBs for children with Type 1 Diabetes. Enables identical data extraction and benchmarking across DHBs.		Medium/ Long	Working group convened and work programme agreed.	Includes equitable outcomes for Māori and Pacific Islanders.	Child Health SLA
	h) Support the national Echocardiography audit.		Short Q4	Audit completed and recommendations acted on.	n/a	Cardiac workstream
	i) Support implementation of the National Radiation Oncology Plan. Review and evaluate the consistency of treatment for		Medium	Reduction in unwarranted variation of practice in fractionation in radiation	Patients will receive the same radiation fractionation	Southern Cancer Network

		specific tumour streams. Implement strategies to reduce unwarranted variation and maximise available capacity.		Short Q4	oncology. Maximising of machine and clinical capacity in SI.	regardless of where they receive treatment.	
	j)	Complete Phase II of implementation of MOSAIQ in SI hospitals. Implement in the remaining two DHB services - NMDHB cancer services and CDHB haematology.		Short Q4	Single radiation oncology, medical oncology and haematology patient care system in the South Island	MOSAIQ will enable easier identification of inequities.	Southern Cancer Network
	k)	Implement ePharmacy into SDHB and SCDHB (incorporating NZULM & NZ Formulary) to enable the management of medications from a shared SI perspective.		Short Q2	ePharmacy implemented into SDHB and SCDHB.	The ePharmacy programme seeks to address equity by facilitating greater capability to monitor and analyse prescribing and dispensing information for specific groups including Māori and Pacific Islanders.	ISSLA
	l)	Implement CDHB ePharmacy into NMH and WCDHB (incorporating NZULM & NZ Formulary) to enable the management of medications from a shared SI perspective		Short Q2	ePharmacy implemented into NMH and WCDHB.		ISSLA
6.2 Improve decision-making through access to data	a)	The SI DHBs, via the Chief Information Officers, will submit quarterly ICT Investment Portfolio Reporting to Data and Digital to support decision-making.	National	Long	Deliverable: South Island CIOs submit quarterly ICT investment reports. Outcome: Aligning investment in technology.	Information systems and technology support initiatives that focus on delivering equitable access and outcomes.	South Island Chief Information Officers
	b)	SI Regional Data Warehouse – Finalise strategy and business case for DHBs to develop a cohesive data platform based on a shared regional data warehouse, providing access to operational, patient flow and forecasting capacity.		Medium	SI DHBs contribute data to regional data warehouse which delivers continued enhancements and development.	Facilitate whole-of-region source for analysing service access and where captured, relevant Māori and Pacific outcome data.	ISSLA
	c)	Monitor interRAI reports to identify trends including in interRAI assessments. Review reports quarterly, identify trends or differences that may exist between Māori and non- Māori.		Medium	Trends identified and action taken to address	Trends identified and acted on related to Māori. (EOA)	HOPSLA
	d)	Encourage collaboration across DHBs to use InterRAI information from comprehensive clinical assessment. Includes summer student review of data each year.		Long	Information from data shapes service delivery.	Clinical data focuses on those with highest needs.	HOPSLA
	e)	Progress common SI Trauma Dataset through recording non-major admitted trauma cases in a consistent manner.		Ongoing	Consistent and complete data recorded	n/a	Major Trauma workstream
	f)	VOICES (Views of informal carers' evaluation of services) survey of bereaved families to enable assessment of the perceived quality of care for patients in the final three months of life.		Short Q2	Next steps identified to improve quality and consistency of services in the last three months of life.	Analysis of data for Māori.	Palliative Care workstream
	g)	Utilise telehealth national stocktake information for decision-making.		Short Q1	Actions are identified and progressed from summary report.	Relevant actions to address equity progressed.	Telehealth SLA
	h)	National Non-Admitted Patient Collection (NNPAC) codes are integrated into Regional Patient Administration Systems (PMS)		Medium	Codes are input into PMS to gauge use of telehealth.	Data will inform on equity of access issues within DHBs.	Telehealth SLA

	– telehealth. Codes assist in the collection of DHB outpatient activity data via each DHB PMS.				
	i) Collation of Health Workforce data to support planning - workforce data from available data sources.	Short Q4 / Long	Workforce data set available for service planning	Māori workforce data is a specific part of the data set.	Workforce Development Hub
6.3 Empower clinicians	a) Use information gathered from the SI specialist and primary palliative care surveys to promote a regionally consistent model of care and access to resources for all services.	Medium	Consistent, equitable and quality palliative care services are available across the SI.	Ensure consultation with Māori.	Palliative Care workstream
	b) Clinical workflow - Enable SI DHBs to develop and implement flexible clinical workflow that supports and enables the delivery of care at the right place and right time.	Medium	SI DHBs enabled to develop and implement flexible clinical workflow that supports and enables the delivery of care at right time in right place.	Contributes to and supports delivering equitable access and outcomes for Māori and Pacific Islanders through shared information at the right time, right place, to the right person. Includes access to better quality, standardised, consistent and comparable datasets.	ISSLA
6.4 Improve digital processes for engaging patients	a) Provide consumers with access to health information via electronic means improving accessibility. Develop digital health literacy and capability.	Long	Improved digital health literacy and capability for consumers.		ISSLA
6.5 Support workforce management	a) Build capability across the SI workforce, not limiting the focus to developing pathways for Clinical Informatics Lead but ensuring a whole of workforce perspective.	Long	A capable workforce is achieved including pathways for Clinical Informatics Lead.		ISSLA

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(Quarter due for short term only)

Objective	Activity / Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
7. Workforce #						
7.1 Increase Māori staff recruitment and retention	a) Evaluate the experiences of the Māori DHB workforce. Co-design a strategy with Te Herenga Hauora with actions to build and support the Māori DHB workforce.	National	Medium	Māori Health Workforce is developed and supported	Health is a responsive, attractive and supportive place for the emerging Māori workforce to work in i.e. Māori staff thrive. (EOA)	Workforce Development Hub
7.2 Implement a Skill Sharing & Skill Delegation methodology	a) Continue to implement the Calderdale Framework (CF) for skill sharing and skill delegation across the SI. Collaboration with Central & Northern regions to evaluate projects.	National	Short Q4 / Long	Numbers of facilitators undertaking the training. Evaluation completed.	n/a	Workforce Development Hub
7.3 Grow sustainable workforces	a) Develop a regional approach to clinical placements for the Rural Hospital Medicine trainees in collaboration with The Division of Rural Hospital Medicine, Royal NZ College of General Practice.	National	Short Q2	Improved training pathway coordination to support timely completion of training. Project Plan in place.	n/a	Workforce Development Hub
	b) Explore opportunities to develop rural nursing and allied health internships - extended orientation. (Dependent on funding)	National	Medium / Long	Resources identified and pilot commenced.	n/a	Workforce Development Hub
	c) Grow a sustainable rural maternity workforce by developing a strategy to recruit and retain midwives in rural settings in conjunction with the rural workforce.	National	Medium/ Long	Sustainable rural maternity service supported by a full complement of rural midwives.	Increased number of Māori midwives in the rural workforce.	Workforce Development Hub

Two additional national requirement actions for workforce are within the First 1000 Days priority focus area, item 1.4(b) and Mental Health and Addictions priority focus area, item 4.3(c).

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Implementation work plans

Objective	Activity /Action		Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
8. Hepatitis C						
8.1 Support education, awareness and referral	a) Raise community and general practice team awareness and education of the hepatitis C virus (HCV) and risk factors for infection; includes encouraging hepatitis C champions and collaboration with primary and secondary care.	National	Medium	Increased community and primary care awareness of HCV and collaboration across primary and secondary services.	Awareness and education includes specific focus and material for Māori and Pacific people.	Hepatitis C SI Regional Workstream (CDHB led)
8.2 Support testing, access and follow up	a) Support provision of testing of individuals at risk and identify those diagnosed with possible and active infection who could benefit from new treatments but may have been lost to follow up. Includes community-based access to testing and care that could include Liver Elastography scans services.	National	Short Q4 / Medium	At risk individuals are tested, those lost to follow-up identified.	Testing and lookback programme includes focus on Māori and other groups.	Hepatitis C SI Regional Workstream (CDHB led)
	b) Support DHBs to develop a plan to engage with clients identified as 'treatment naïve' through the 2nd phase of the laboratory tests lookback programme.	National	Medium	DHB plans developed.	Plans address equity for Maori and other groups.	Hepatitis C SI Regional Workstream (CDHB led
8.3 Review clinical pathway	a) Regularly review local pathways.	National	Medium	Pathways reviewed as appropriate following national guideline changes to testing and treatment.	Pathways to be reviewed to enable equity focus on at risk populations.	Hepatitis C Clinicians and GP Liaison
8.4 Improve equity focus in populations who are at increased risk	a) Support services to ensure specific at-risk populations are reached.	National	Short Q4 / Medium	At risk populations are tested, managed and treated.	Equity focus in reaching at- risk populations engage Māori and Pacific people, where relevant. (EOA)	Hepatitis C SI Regional Workstream (CDHB led)
8.5 Enable primary care to deliver treatment	a) Support primary care to provide the majority of treatment services for individuals with hepatitis C.	National	Medium	Collaboration with secondary care enables primary care to deliver treatment.	Primary care collaborative outcomes are inclusive of focus on equity.	Hepatitis C SI Regional Workstream (CDHB led)
	b) Identify and address barriers to primary care prescribing within each DHB. Includes developing a primary care champion's network.	National	Medium	A primary care champion's network is established.		
			Short Q4	Pharmac reports reflect the increase in GP prescribing throughout the region.		MOH /Pharmac
8.6 Support accountability with timely reporting	a) Narrative quarterly reporting on progress of key actions. b) Six-monthly reporting on measure of number of people diagnosed.		Short Q1-Q4 Short Q2, Q4	Narrative report each quarter and six-monthly report on diagnoses.	Reporting by ethnicity including Māori and Pacific people.	Hepatitis C SI Regional Workstream

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Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
9. Cancer Services					
The Southern Cancer Network (SCN) is one of four Ministry of Health funded regional networks within the South Island Alliance. SCN's work programme is focused on progressive South Island wide implementation of clinical and operational systems that support the development of a patient-centred 'South Island system of cancer care'.					
9.1 Improve pathways for cancer patients	a) Increase early detection of lung cancer through: – review of lung cancer pathways and system capacity, – working with primary care and Māori health providers to support earlier detection of lung cancer, – implementing the national Early Lung Cancer Guidance and toolkit as appropriate for the South Island.	Medium	Health pathways are confirmed as appropriate, including for Māori; primary care are better able to identify those at high risk of lung cancer and refer appropriately to secondary service.	Māori are more likely to have lung cancer and have poorer outcomes, partly due to later diagnosis. This activity supports Māori to receive diagnosis earlier, reducing inequity of outcomes. (EOA)	Southern Cancer Network
	b) Facilitate at least four quality improvement projects that will participate in the HQSC co-design quality improvement programme.	Short Q4	Improved patient experience resulting from projects; staff upskilled in how to engage patients in improving services/ providing patient-centred care.	All projects will seek to address any disparities for Māori.	Southern Cancer Network
	c) Complete remaining implementation of the SI Multi-disciplinary Meeting System (SIMMS) and transition to business as usual through alignment of processes. Includes facilitating MDM Governance Group and MDM Change Request Group.	Medium	Complete adoption of all MDMs onto HCS platform; transition to BAU including aligned processes and local and regional reporting.	Greater consistency of care across the SI.	Southern Cancer Network
	d) Plan capacity and capability for additional linear accelerator to support consideration of options for an additional linear accelerator in the SI.	Short Q4	DHBs able to draw on robust data supported by a collective SI view when planning for future.	Improved equitable access to radiation treatment.	Southern Cancer Network
	e) Support development of end of treatment pathways/services	Refer Priority Focus Area Acute Demand Management item 2.2(d)			Southern Cancer Network
	f) Understanding and supporting uptake of Advance Care Plans	Refer Priority Focus Area Advance Care Plans item 5.3(d)			
	g) Support implementation of National Radiation Oncology Plan	Refer Priority Focus Area Data into Information item 6.1(i)			
	h) Complete phase II of implementation of MOSAIQ in SI hospitals	Refer Priority Focus Area Data into Information item 6.1(j)			
9.2 Support DHBs to implement national priorities	a) Support DHBs to implement the national bowel screening programme and manage the impact of implementation on delivery of cancer care and treatment.	Long	DHBs implement bowel screening programme consistently.	Equity achieved in screening programme.	Southern Cancer Network

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Objective	Activity / Action	Term*	Outcome / deliverable	Equity focus or Equitable Outcome Action (EOA)	Responsible group
	b) Support DHBs to achieve Faster Cancer Treatment 62 day target and 31 day indicator through facilitating information sharing, collaboration, streamlining of FCT pathways and provision of quarterly reporting.	Ongoing	Achievement across SI DHBs of 90% for the 62 day target, and 85% for the 31 day indicator.	Breach analysis by ethnicity is included in quarterly reporting.	Southern Cancer Network
9.3 Support key groups with secretariat / administrative services	a) Support Te Waipounamu Māori Leadership Group for Cancer as a partner in improving equity of access and outcomes for Māori affected by cancer.	Ongoing	Gives Māori voice and advice to priority setting, development and implementation of the SCN workplan, supporting improved equity of access and outcomes for Māori affected by cancer. (EOA)		Southern Cancer Network
	b) Support SI Cancer Consumer Group as a partner in improving the experience and quality of care for people with cancer.	Ongoing	Gives consumer voice and perspective to priority setting, development and implementation, supporting improved experience and quality of care for people with cancer.	Consumer voice to represent equity engaged.	Southern Cancer Network
	c) Support the SI Cancer Psychosocial and Supportive Care Initiative.	Ongoing	A well governed, regionally connected and supported Psychological and Social Support Service.	Equity engagement considered.	Southern Cancer Network
	d) Facilitate clinical engagement and leadership to support quality improvement initiatives through regional groups including MDM Governance Group, Radiation Oncology Services Partnership Group, Clinical and Operational Leads Group.	Ongoing	Strong clinical leadership and governance across SCN work programme.	Equity engagement across all groups.	
9.4 Deliver Ministry of Health contracted services	a) Contract to develop national Urological Standards of Service Provision (separately fixed-term funded contract with MOH ends December 2019)	Short Q2	Final report: National Urological Standards of Service Provision	n/a	Southern Cancer Network

6 WORK PROGRAMME OVERVIEWS

Cardiac Services

'South Island people enjoy quality of life and are prevented from dying prematurely from heart disease'

The Cardiac Services Workstream provides regional leadership across the South Island Cardiac continuum of care with current focus on:

1. Completing a South Island Model of Care to cover service quality and improvement, preparing for increasing demand and staying healthy in the community.
2. Using data for information, including understanding and addressing matters of access and equity
3. Ensuring efficient and sustainable pathways
4. Supporting workforce development
5. Supporting national initiatives

Child Health

The Child Health SLA (CHSLA) has been formed to improve the health outcomes for children and young people of Te Waipounamu. The current plan builds on previous activity whilst developing new programmes of work to support the South Island priorities of the First 1000 Days and equity.

The CHSLA will continue to focus on projects aimed at ensuring that all children have the best possible start and will co-ordinate the cross alliance First 1000 Days work-programme. Working in partnership with Te Herenga Hauora the CHSLA aims to deliver projects specifically targeted at improving outcomes for Māori and vulnerable children in our communities.

Health of Older People

The Health of Older People SLA (HOPSLA) provides expertise and guidance around delivery of service to the South Island population over 65 (or those close in age and need). The vision is to provide best health care and healthy ageing across the South Island.

Five key focus areas set the direction of this work plan:

- Dementia
- Comprehensive Clinical Assessment (InterRAI)
- Restorative Care
- Advance Care Planning
- Delirium

Hospital Oral Health Services

Actions for the plan are derivatives of the Hospital Oral Health Strategy "*Working towards an integrated South Island Service Model*", as endorsed by the alliance Operational Group (AOG) in 2018 and developed by the South Island Hospital Oral Health Services.

Major Trauma Services

'More patients survive major trauma and recover with a good quality of life'

The South Island Major Trauma Workstream provides regional leadership across the Major Trauma continuum of care. The region will work with the national network to expand opportunities now that

the national business case has been approved and recommendations are available from the review of New Zealand trauma services by the Royal Australasian College of Surgeons. Focus will be on:

- Using data for information
- Encouraging the formation of Trauma Services through connected and co-ordinated care for the patient as they journey through the hospital
- Supporting the workforce
- Quality improvement across the trauma system, to create a system that learns and evolves
- Improving equity of access and outcomes across the region

Mental Health and Addictions

The Mental Health and Addictions Service Level Alliance (MHASLA) provides advice, guidance and direction to the South Island mental health sector and oversees the development of regional strategic planning.

In achieving their vision, the MHASLA also considers and prioritises recommendations from the Mental Health sector. In line with one of the Ministry of Health's five national requirements for regional planning, MHASLA will have a focus on workforce in 2019-20.

Further information, activities and deliverables will be identified and confirmed according to Government decisions arising from *He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction.* Mental Health and Addictions is also a Priority Focus Area in this Plan.

Palliative Care

'High quality, person centred, palliative and end of life care available to all people of the South Island according to need and irrespective of location'.

The Palliative Care Workstream continues to progress work in seven key areas across the South island:

- VOICES (Views of informal carers' evaluation of services)
- South Island model of palliative care
- Service specifications
- Information systems
- Paediatric Palliative Care
- Framework for Allied Health professionals
- E prescribing

New projects are planned in the following four areas:

- After-hours access to palliative support in primary care
- Palliative and end of life care education
- Te Ara Whakapiri: Principles and guidance for the last days of life
- Dementia

Public Health Partnership

'A connected and equitable South Island health and social system that supports all people to be well and healthy'.

The South Island Public Health Partnership has been formed to:

- Maximize the collective impact of working together to improve the health and wellbeing of the South Island population with a particular focus on equity and improving Māori health outcomes.
- Facilitate effective and efficient regional and local delivery of Ministry-funded Public Health Unit (PHU) services.
- Improve the interface and support between PHUs and other parts of the health system.
- Embed a South Island way of working that enhances joined-up work.

Three key focus areas set the direction of the annual plan: collective impact and partnerships; facilitating a health promoting health system, and South Island Public Health Unit strategic and operational alignment.

Southern Cancer Network

Southern Cancer Network has its focus on providing equitable, seamless, patient-centred care for people and whānau affected by cancer across the South Island. This is delivered through the progressive South Island wide implementation of clinical and operational systems that support the development of a patient centred 'South Island system of cancer care'. The main drivers of the 2019/20 Southern Cancer Network's workplan are improving:

- equity of access and outcomes for Māori with cancer
- pathways to enable more timely access to diagnosis and treatment
- consistency and quality of care

The Southern Cancer Network workplan is based on a foundation of core functions and relationships that enable:

- improving equity for Māori (drawing on the advice and expertise of the Te Waipounamu Māori Leadership Group)
- giving consumers a voice in improving patient experiences (through the South Island Cancer Consumer Group)
- development of clinical leadership and linking clinical and operational leaders across the region (through Clinical and Operational Leads Group; Faster Cancer Treatment Leads Group; Cancer Psychological and Social Support Steering Group; Radiation Oncology Partnership Group)

Key activities include: further development and implementation of the South Island Multi-disciplinary Meeting System; capacity planning for additional linear accelerators; early detection of lung cancer; completion of rollout of MOSAIQ; support for HQSC co-design programme; post-treatment pathways.

Each of the activities outlined in the 2019/20 workplan, support SCN priorities, align with the national strategic direction articulated in the New Zealand Cancer Plan 2015, and contribute to relevant South Island Alliance priority focus areas. It is expected that further direction from Ministry of Health will be forthcoming as the New Zealand Cancer Action Plan is developed.

Stroke Services

The Stroke Services Workstream is a team of stroke service clinicians and managers from the five South Island DHBs who are working together to improve the health outcomes for people who have experienced stroke, to maximise their potential to lead self-managing and independent lives and reduce the recurrence of stroke.

The focus is on ensuring equitable, consistent acute and rehabilitation referral and management pathways are achieved across the region, and that South Island health professionals have good access to continuing stroke specific education.

Sudden Unexpected Death in Infancy (SUDI)

This South Island regional programme forms part of the National SUDI Prevention Programme. The Ministry of Health's National Sudden Unexpected Death in Infancy (SUDI) Prevention Programme (NSPP), aims to reduce the SUDI rate from 0.7 to 0.1 in every 1,000 births by 2025 with equity across all ethnicities.

DHBs are required to prioritise the provision of safe sleep devices and increased stop smoking support for women who smoke during the antenatal and postnatal periods. As long as DHBs meet this requirement, there is flexibility to utilise NSPP funding to deliver SUDI prevention services that DHBs consider will best meet their DHB population needs.

Telehealth

The South Island Telehealth Strategy was developed during 2017/18 and 2018/19. This is still to be approved by the Alliance. The development of a Telehealth Governance/Oversight Group will assist with the approval process.

The formation of this Group is a recommendation of the Telehealth Strategy. The National Telehealth Stocktake, led by the MoH, was to be completed by February 2019. It was agreed to bring the two actions together, for the Governance/Oversight Group to summarise the findings and present to Alliance Leadership Team.

Well Child Tamariki Ora

The South Island Well Child Tamariki Ora Quality Improvement project aims to enhance and support the national Well Child Tamariki Ora programme. The focus is on quality improvement, leading to better outcomes for our children. We aim to explore change and transformation in child health and inspire fresh thought, new ways of solving old problems, new ways of realising potential, and new ways of making effective change happen.

6.1 ENABLER WORK PROGRAMMES

Information Services

Information Technology provides the platform to support improved information sharing that enables new models of care and better decision making. Well-designed Information Technology systems will help the South Island to work smarter to reduce costs, support care pathways and give patients better, safer treatment. Greater reliance on technology requires effective management of Information Technology investments, implementations and ongoing operations. Sustained investment in Information Technology is one of the ways to manage increasing demand with limited resources.

The Information Services, Service Level Alliance (IS SLA) programme of work is supporting the vision of enabling clinicians and health providers to have access to health information where and when they need it supporting clinical decision making at the point of care. Across the South Island we are working to actively implement well-designed, easy to use solutions, we are developing these in consultation with our clinical leaders to support clinical workflow requirements, linked to smarter, safer health care delivery.

The IS SLA recognise that for information sharing and integrated services to work well it takes a team approach across the whole of the health system. As a core component of the alliance model we are clinically driven and supported by strong leadership and work in partnership with patients and vendors. The IS SLA also recognise their role in enabling other activities and outcomes, such as improved data collection and analysis through consistent platforms like SI PICS and HSC. These regional platforms support DHBs to undertake better decision support processes and enable improved data collection and contribution to national initiatives such as National Patient Flow.

The Ministry of Health have identified that the delivery of ICT enabled change and innovation is critical in supporting the delivery of the New Zealand Health Strategy and the Government ICT Strategy, underpinned by technology supporting transformational change in the way patients and care teams access health services.

Quality and Safety

Support for patient safety and the quality of care is a key component across clinical outcomes. The Quality and Safety SLA facilitate ongoing sharing of learnings and Quality Improvement as well as a number of programmes to monitor reportable and adverse events and to ensure prevention of injury.

Supporting South Island DHBs to make a positive contribution to patient safety and the quality of care, the six key focus areas for the Quality and Safety SLA work plan are:

- HQSC Reportable Events
- Serious Adverse Events
- Deteriorating patient programme
- Pressure injury prevention
- Safety 1st
- Regional sharing of Learnings and Quality Improvement

Workforce Development Hub

The South Island Workforce Development Hub (WDH) works across the South Island health sector to lead and support workforce development, education and training to better meet the health needs of the South Island population.

In 2019/20 the WDH will build on the achievements of earlier years, continuing to work with over 170 clinicians and health managers across the South Island who are participating in the work of the Hub. As specified in the national regional requirements, we have identified the following specific workforce actions as our areas of focus:

- Supporting the growth and retention of the Māori workforce to better support a health workforce that reflects the South Island population.
- Improving the sustainability of the workforce, with a specific focus on the rural and midwifery workforces.
- Supporting the implementation of the South Island mental health & addictions workforce strategy.
- Building and aligning the capability of the workforce to deliver models of care and priorities outlined in the New Zealand Health Strategy, specifically by implementing a skill sharing and skill delegation framework.
- Optimising enablers to support the health workforce, particularly in relation to online clinical procedures and eLearning at both a regional and national level.
- Improving workforce data and intelligence in collaboration with the Health Workforce Directorate and TAS.

Appendix 1: LEADERSHIP AND OPERATIONS

Strong governance, a robust organisational structure, clinical leadership, risk management, prioritisation methodologies and good planning and coordination all play a role in the effective functioning of the Alliance and working toward our vision and goals.

1.1 Regional Governance and Leadership

The Alliance drives South Island health system collaboration through strong governance, accountability and robust decision-making. The governance structure comprises the following:

- **Alliance Board** (South Island DHB Board chairs of four DHBs and commissioner of one DHB) enables the strategic focus and oversees, governs, and monitors overall performance of the Alliance.
- **Alliance Leadership Team** (the South Island DHB chief executives) prioritises activity, allocates resources (including funding and support) and monitors deliverables.
- **Regional Capital Committee** (Alliance Board and Alliance Leadership Team) reviews capital investment proposals in accordance with the agreed regional service strategy and planning.
- **Strategic Planning and Integration Team** (SPaIT) – a multi-disciplinary group of clinical leaders spanning primary care, public health, medical, nursing, allied health, Māori health and planning and funding - supports a whole of system strategic approach, ensuring activities align with regional and national priorities. SPaIT addresses strategies within the Plan with a three to five-year focus.
- **South Island Alliance Operational Group** (SIAOG) – (recently formalised group made up of general managers planning and funding, operational hospital managers, chief medical officers, directors of nursing and allied health) – provides operational oversight, intelligence and decision-making, including resource allocation.

1.2 South Island Alliance Organisational Structure

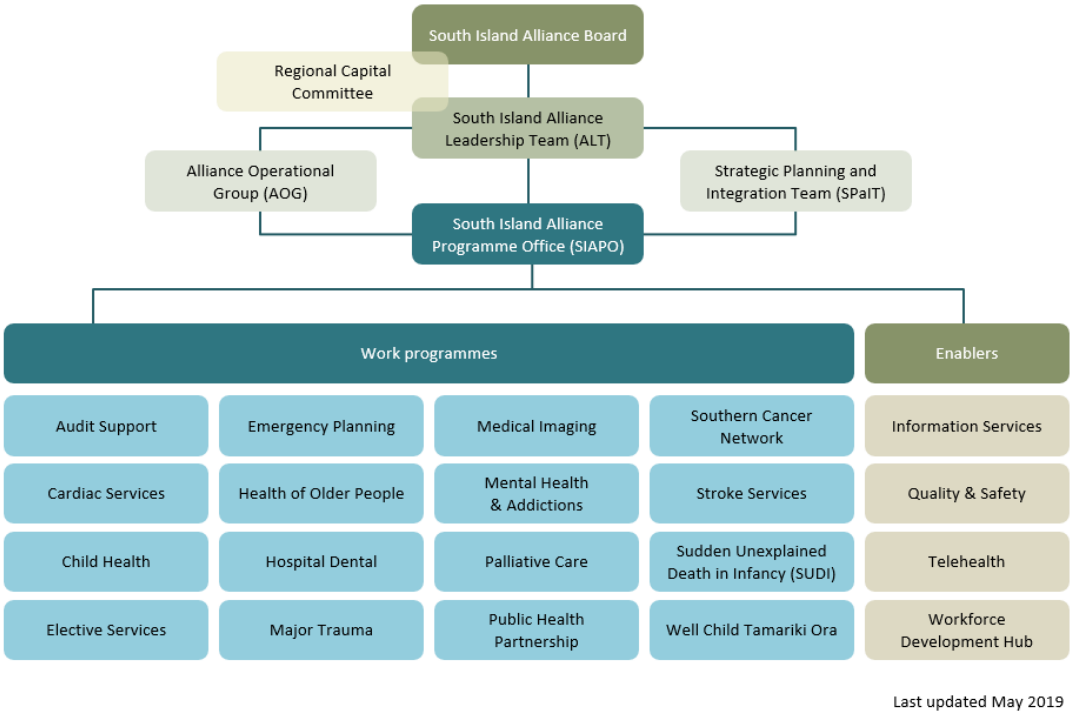

Figure 7: Organisational structure

1.3 South Island Alliance Programme Office

The South Island Alliance Programme office is a hub providing support and facilitating Alliance activities. It spans a broad range of activities, including project managing, implementation of discrete initiatives, programme management, and secretariat support to work programmes. The programme office is hosted by Canterbury DHB as a standalone business unit on behalf of the five South Island DHBs.

1.4 Work Programmes

Our work programmes include service level alliances (SLAs) and workstreams that define and deliver their workplans and provide overarching programme and project governance. They draw on wide representation from across the region and the health system, including health professionals, managers, funders, health care providers and consumers.

Each SLA and workstream is clinically-led and has a DHB chief executive or senior executive sponsor. Sponsors support the group, where necessary help manage risks and provide a point of escalation for the resolution of issues.

Some SLAs and workstreams have their own government mandated work programme with funding and reporting linked directly to the Ministry of Health. These include Southern Cancer Network (SCN), Public Health Partnership (PHP), Well Child Tamariki Ora (WCTO) and Sudden Unexpected Death in Infancy (SUDI) programmes.

Our work programmes that include SLAs, workstreams and additional regional activity are illustrated in **figure 7** above. A summary of the current activity of each work programme is provided in **section 6.**

1.5 Consumer Engagement

The Alliance engages strongly with consumers in accordance with the vision for sustainable South Island health and disability system – best for people, best for system. Most work programmes with a clinical focus have consumer representation, many independently and some representing consumer organisations.

1.6 Clinical Leadership

The participation and leadership of clinical health professionals from across the health system and health disciplines is integral to all Alliance decision making.

Clinical leaders, in conjunction with senior managers, have driven the South Island approach to collaboration and determined the priority focus areas for the region. As members of Alliance leadership groups, clinical leaders make decisions on all stages of regional initiatives from confirming the scope to final implementation, including decisions around resource allocation. As both chairs and members of our work programmes, clinical leaders define workplans and are accountable for implementing them.

The Alliance is conscious of its responsibility to develop clinical leadership including succession planning, and supports regular rotation of group membership in order to foster emerging leaders and bring new ideas to the group. Each group is required to consider its skill mix, with the clear expectation that a broad range of disciplines is reflected. The Alliance continues to engage with the primary care at organisational and programme level to ensure inclusivity of the primary health perspective.

The typical course a programme of work would involve or be driven by clinical leaders is illustrated in **figure 8**, noting there is variance in the way in which regional initiatives develop.

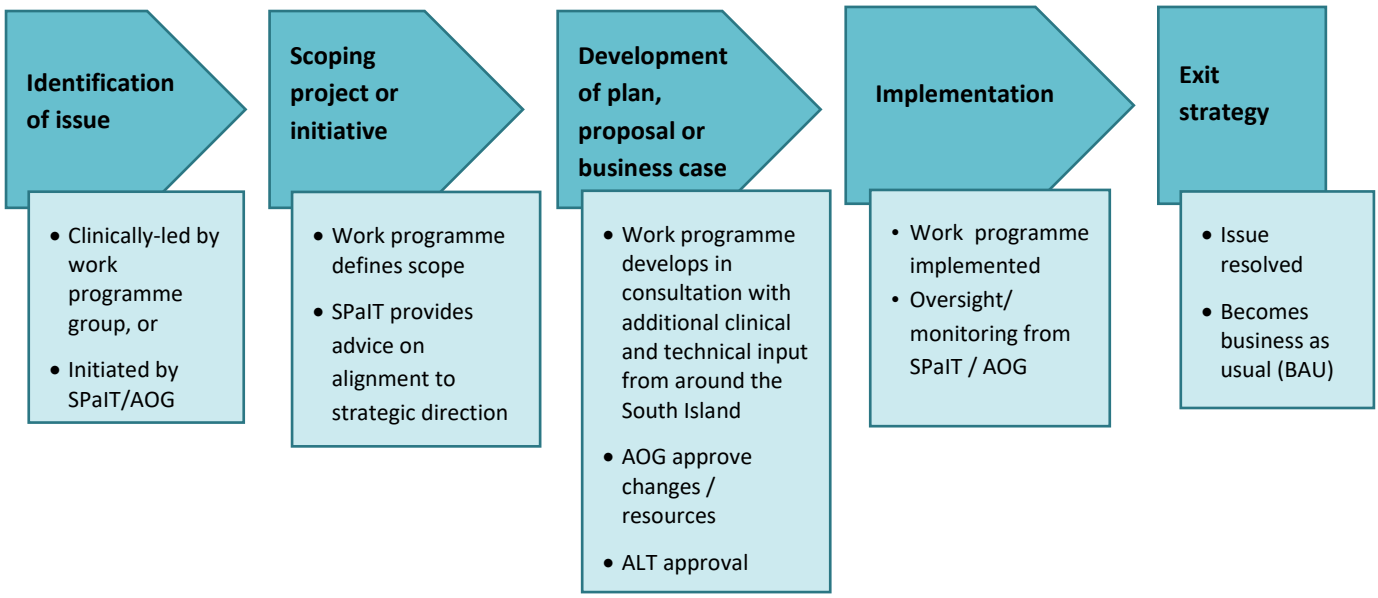

Figure 8: Clinical Leadership and programme development

1.7 Regional Funding and Approval

The South Island Alliance Programme Office manages the operational budget for the Programme Office activities, including facilitation for the regional planning activities as outlined in the South Island Health Services Plan. The five South Island DHBs fund the Programme Office on a PBFF basis. Costings of specific initiatives cannot easily be quantified as the nature of Alliance activity is collaboration and partnerships of DHB and other organisations' goodwill within their existing resources.

The region is acutely aware of the fiscal constraints impacting health services and the need to focus on innovation, service integration, improved efficiency and reduced waste to support provision of high-quality care. Proposals for regional activity must clearly identify the value proposition for patients and/or the system, including how it will address equity.

All work undertaken by the South Island Alliance must align with the goals and principles of the plan and address one or more of the eight South Island Alliance outcomes. For 2018–2021 initiatives must also align with one or more of the six priority focus areas.

As the workplans are developed and endorsed, resource requirements are identified. Where possible implementation is undertaken by staff within the DHB services or the Alliance programme office. Where this is not an option the people resource is included in the budget bid process as outlined below.

The budget bid process is undertaken with the South Island General Managers Planning and Funding. This allows bids to be prioritised against national, regional and local priorities. Bids are identified that are supported subject to the DHB funding package and, where requested, for significant and /or multi-year investments, a fully costed proposal or business case. A final recommendation to the Alliance Leadership Team is made when the DHB funding package is known and the GMs Planning & Funding have endorsed the recommendations.

Regional activity that needs project or capital funding for Information Services and other capital investments involves review by appropriate senior DHB executives relative to the subject matter and DHB decision paths. A recommendation is then made to the South Island Alliance Leadership Team or Regional Capital Committee for approval. The threshold for Regional Capital Committee review and approval is for projects greater than $500,000.

1.8 Developing and Prioritising our Work

In 2018 we reviewed our structures and processes to ensure decision-making is occurring in the right place, with the right people involved and with a streamlined path to implementation identified.

The new approach directs planning activity through a priority scoring process to initially determine its priority in the wider Alliance context, further supporting resource allocation decisions. The method covers strategic value, equity considerations, feasibility and relativity to 'best for people / best for system'.

Meeting these criteria, activities are 'worked-up' by the relevant group in collaboration with their stakeholders. This work-up, using further Alliance tools, allows the project to be framed and decisions made by the work programme group with parameters including objectives, timelines, measures, workforce consultation, equity considerations and exit strategy.

1.9 Managing our Risk

The South Island DHBs have strengthened their ability to manage and mitigate risk through their increased regional approach to health service planning and delivery. Increasingly the South Island acknowledges that what affects one, impacts all. Enhanced relationships, greater collaboration and having regional systems and processes in place all help to better manage the issues and challenges the South Island health system experiences locally and regionally.

1.9.1 Risks and challenges to the South Island health system

South Island population demographics

The South Island has an older population than the rest of New Zealand and an older workforce. Both demographics challenge health services provision.

Shifts in population location impact on health service provision in the medium to long term. While total population growth is slightly lower in the South Island than other regions, there is significant internal population movement, resulting in pockets of high population growth such as in Selwyn, Queenstown-Lakes, Waimakariri, Ashburton and Tasman. The districts of Selwyn, Queenstown Lakes and Waimakariri are three of New Zealand's five fastest growing districts.

Addressing service provision in areas that did not previously have a significant population base, and future investment in health infrastructure, is a significant future challenge for the South Island.

Vulnerable and small services

The South Island has a number of health services that are vulnerable due to difficulty to attract and recruit staff, current service provision being unsustainable, or low numbers of patients. Developing sustainable models of care needs to balance demand for services, workforce issues, quality of care, and competing priority for health resources, as well as community views on access to services and the drive to keep services closer to home. The challenge of geographical spread and travel distance for patients to access appropriate health services is also a factor to be considered.

Earthquake recovery

The Canterbury earthquakes of 2010-11 caused significant and catastrophic disruption. Repair and redevelopment have gained momentum in the years since but the capacity of the Canterbury health system will continue to be significantly influenced by ongoing factors for a number of years. This includes prolonged levels of peoples' stress, anxiety and mental health adjustment, sub-standard living arrangements exacerbating chronic illness; and shifts in population. Damage to health infrastructure was extensive and repair strategies have had a significant impact.

The earthquakes in Kaikoura in 2016 and around Seddon added further impact on Canterbury and the Nelson Marlborough region. These communities have required ongoing support. The psychosocial recovery needs of the communities will continue and change over the coming years.

Christchurch terrorist attack

This event in March 2019 had significant impacts on the Christchurch community, New Zealand and internationally. New Zealand remained on high terror threat alert for several weeks. The health system in Canterbury responded appropriately however ongoing community recovery from trauma is anticipated. For some communities recovery includes not only trauma from this event but also additional trauma from previous earthquake events.

Financial sustainability

All South Island DHBs continue to experience significant financial constraint as they respond to increasing demands on health services, rising workforce and resource costs. Activities within the Alliance structure and processes are all targeted at delivering equity and sustainability in this context.

Infrastructure redevelopment

The details related to specific infrastructure development reside within each individual DHB's Annual Plan and are summarised in section 4.2.1. However, any redevelopment encompasses assessment of models of care, service development and delivery and concomitant risks that could be posed for the Alliance with any significant change to services intended.

1.10 South Island Alliance Decision-making

The South Island Alliance approach to decision making is guided by the vision, objectives, principles and Priority Focus Areas. Decision making is detailed along with the process for resolving disputes, in the South Island collective decision-making principles below.

As a region we acknowledge that each DHB has different drivers and circumstances but are committed to ensuring equity of outcomes for South Island people. It is acknowledged that there may be areas within the scope of the activities of the Alliance where a particular DHB either may wish to, fully or partially, take a separate path from the Alliance activities.

The Charter outlines that each Board can choose not to take up a regional activity at the time of commencing however, once agreed, the Board will be bound to operate within the scope and decision-making criteria agreed. Any DHB intending to exercise this right will do so in good faith and will consult the other South Island DHBs before exercising this right.

1.10.1 Escalation Pathway

The Alliance operates with escalation pathways as follows:

Strategic:

- Strategic Planning and Integration Team (SPaIT)
    - Covers decision making and escalation of challenges, issues and decisions relating to strategic direction and intent.
    - Alliance work programmes provide:
        - reports on strategy development and objectives for review
        - updates on performance against strategic objectives, including successes, challenges, delays and associated risks
    - The escalation pathway is to the Alliance Leadership Team, but on occasion referral can be made to the South Island Alliance Operational Group (SIAOG) to seek operational intelligence, advice and decision making in mitigation of challenges and risks to projects and strategies.

Operational:

- South Island Alliance Operational group (SIAOG)
    - The escalation pathway is to the Alliance Leadership Team (South Island DHB CEOs)
    - Alliance work programmes provide:
        - reports on operational delivery of projects and programmes that require input from the senior DHB representatives with mandate and authority to make operational decisions
        - information supporting regional service delivery decisions
    - The escalation pathway is to the Alliance Leadership team.

Executive:

- Alliance Leadership (South Island DHB CEOs) to Alliance Board (South Island DHB Chairs)

Governance:

- Alliance Board (South Island DHB Chairs) to Shareholding Minister.

1.10.2 South Island Alliance Collective Decision-making Principles

- The parties will be proactive to ensure that decisions required are made in a timely manner. Where delays in decision making are unacceptable to any of the DHBs, they can trigger escalation.
- Decisions will be taken at the lowest level that meets individual DHBs delegated authority policy requirements, and escalation will only be used if agreement cannot be reached after reasonable attempts to resolve disagreement.
- Where decisions are required of the Chief Executive Group and beyond, documentation will include detailed cost benefit analysis and an impact analysis which demonstrates both the collective and individual DHB impacts. Evidence that the South Island CFO's have supported the cost benefit analysis, and that the relevant Senior Leadership (such as GMs Planning and Funding, COOs, HR, CMOs, DONs, DAHs etc.) have supported the robustness of the impact analysis and recommendations will be included in the papers.
- As much advance notice of decision-making requirements will be given as possible. This is particularly pertinent where the decisions are significant, or it is reasonably foreseeable that there will be either divergent views or significant stakeholder interest. Advance notice will be considered as a part of the relevant groups planning processes.

- Where a decision is required to be made, this will be noted through the appropriate agenda, together with supporting papers, distributed with no less than five working days' notice, unless shorter notice is supported unanimously by the parties making the decision.
- Decisions will be by consensus.
- In the event that a DHB is unable to attend the meeting, either through the substantive member or an alternate, the relevant DHB will either appoint a proxy or they will subsequently confer with the Chair of the meeting to determine whether they can support the consensus reached by the attending parties
- It is noted that each DHB has slightly different delegations policies, and because of this, time needs to be provided in any planning process to allow significant decisions to be taken back through individual DHB internal processes. This will be accommodated in planning processes.
- Where consensus agreement cannot be reached, the relevant group will agree to either:
- Seek independent input or mediation to attempt to resolve any disagreement, or
- Escalate the matter through the escalation pathway noted below. Key determinants behind whether independent input/mediation/escalation will be used are the relevant group views as to:
    - Likelihood of successful resolution of the disagreement in a timely manner; and/or
    - Whether time constraints permit delay.
    - Where agreement cannot be reached, the parties will document their perspective of the matter to ensure the party or parties to whom the matter has been escalated are fully informed of the difference of views.
    - Where independent input or mediation is chosen, the District Health Boards will appoint the independent adviser / mediator by consensus decision. In the event that consensus is not reached the Director General or nominee will be the default mediator.

Appendix 2: ALLIANCE GROUP MEMBERSHIP

Membership lists updated in November 2019 since approval of final draft document.

Strategic Planning and Integration Team

Name	Title	Organisation
Dr Carol Atmore (Chair)	General Practitioner	Primary Care, Dunedin
Carolyn Gullery	Executive Director, Planning and Funding and Decision Support	CDHB / WCDHB
Nigel Millar	Chief Medical Officer	SDHB
Jacqui Lunday Johnstone (from Sept 2019)	Executive Director of Allied Health, Scientific and Technical	CDHB / WCDHB
Daniel Williams	Community and Public Health	CDHB
Ditre Tamatea	General Manager, Māori Health and Vulnerable Populations	NMDHB
Anna Wheeler	Associate Director of Nursing and Midwifery	SCDHB
Mark Leggett	General Manager, SI Alliance Programme Office	SIAPO
Keith Todd (in attendance)	SI Alliance Programme Director	SIAPO
John Carson (in attendance)	Secretariat, Planning Coordinator SI Alliance Programme Office	SIAPO

Alliance Operational Group

	Name	Title	Organisation
Oversees the programmes of work related to SLAs and workstreams, Southern Cancer Network, Workforce, Information Services SLA, Oral Health & Radiology.	Phil Wheble (Chair)	General Manager Grey Westland Health Services	WCDHB
	Cathy O'Malley	General Manager Strategy, Planning and Alliance Support	NMDHB
	Keith Todd	Facilitator, SI Alliance Programme Director	SIAPO
	Carolyn Gullery	Executive Director, Planning Funding and Decision Support	CDHB/WCDHB
	Lisa Gestro	Executive Director, Strategy, Primary & Community	SDHB
	Jason Power	Director, Corporate Services	SCDHB
	Lexie O'Shea	General Manager, Clinical Services	NMDHB
	Pauline Clark	General Manager, Christchurch Hospital	CDHB
	Mary Gordon	Executive Director of Nursing	CDHB
	Dan Coward	General Manager, Operational	CDHB
	Lisa Blackler	Director Patient, Nursing & Midwifery	SCDHB
	Patrick Ng	Executive Director Specialist Services	SDHB
	Robyn Carey	Chief Medical Officer	SCDHB
	Sue Nightingale	Chief Medical Officer	CDHB
	Nick Baker	Chief Medical Officer	NMDHB
	Cameron Lacey	Chief Medical Officer	WCDHB
	Nigel Millar	Chief Medical Officer	SDHB
	Renee Templeton	Director of Allied Health; DAH representative	SCDHB
	Mark Leggett	General Manager, SI Alliance Programme Office	SIAPO

Service Level Alliances (SLA) and Workstreams

SLA	Name	Title	Organisation
Southern Cancer Network	Ralph La Salle (Interim Chair from Oct 2019)	Planning & Funding (Team Leader Secondary Care)	CDHB
	David Meates (Sponsor)	CEO	CDHB
	Nicholas Glubb	Southern Cancer Network Manager	SIAPO
	Shaun Costello	Clinical Director, Southern Cancer Network/Clinical Director Medicine & Radiation Oncologist	SDHB
	Dr Sue Crengle	Chair	Te Waipounamu Māori Leadership Group
	Theona Ireton	Kaitiaki Oncology / Surgical Services	CDHB
	John MacDonald	Chair	SI Cancer Consumer Group
	Lexie O'Shea	GM Clinical Services	NMDHB
	Tristan Pettit	Paediatric Oncologist	CDHB
	Helen McDermott	Nurse / Support Services Coordinator	Leukaemia & Blood Cancer New Zealand
	Kylie Parkin	Portfolio Manager, Māori Health	WCDHB
	Rachael Hart	CEO, Otago / Southland Division	Cancer Society of New Zealand
	Lisa Blacker	Director of Patient, Nursing and Midwifery Services	SCDHB

SLA	Name	Title	Organisation
Child Health	Dr Clare Doocey (Chair)	Paediatrician, Chief of Child Health	CDHB
	Dr Peter Bramley (Sponsor)	CEO	NMDHB
	Stephanie Read	Facilitator	SIAPO
	Mick Goodwin	Paediatrician	SCDHB
	Sarah Greensmith	Maternal, Child and Youth Services Manager	SCDHB
	Barry Taylor	Professor of Paediatrics	University of Otago
	Rosalie Waghorn	Nurse Manager Clinical Services - Strategic	WCDHB
	Liza Edmonds	Paediatrician	SDHB
	Ian Shaw	Paediatrician	SDHB
	Wayne Turp	Project Specialist, Planning and Funding	CDHB
	Jeanine Tamati-Elliffe	Māori Representative	n/a
	Ditre Tamatea	General Manager, Maori Health and Vulnerable Populations	NMDHB
	Emma Jeffery	Consumer	
	Donna Ellen	Community Support Manager	Pegasus Health (Charitable) Ltd
	vacant	SI WCTO Project	SIAPO
	Ann Shaw	SI SUDI Project	SIAPO
Health of Older People Services	Dr Val Fletcher (Chair)	Consultant Physician	CDHB
	Chris Fleming (Sponsor)	CEO	SDHB
	Alison Young (from Sept 2019)	Facilitator	SIAPO
	Sharon Adler	HOP Portfolio Manager Planning & Funding	SDHB
	Carole Kerr	Psycho-geriatric nurse	NMDHB
	Dr John Bulow	GP Aged Residential Care	SDHB
	Margaret O'Connor	Nurse Practitioner	SDHB

SLA	Name	Title	Organisation
	Karen Kennedy	Community Pharmacist, Primary and Community Services	SCDHB
	Ann Armstrong	Consumer	Nelson
	Anna Carey	Clinical Improvement Manager, Aged Residential Care Provider	Christchurch
	Janette Balfe	Clinical Manager, Allied Health	CDHB
Palliative Care	Dr David Butler (Chair)	Clinical Lead Otago Hospice	Otago
	Chris Fleming (Sponsor)	CEO	SDHB
	Jo Hathaway	Facilitator	SIAPO
	Dr Kate Grundy	Palliative Medicine Physician	CDHB
	Faye Gilles	Clinical Nurse Manager Hospice South Canterbury	South Canterbury
	Katrina Braxton	Clinical Services Manager	WellSouth
	Karen Kennedy	Pharmacist	Timaru
	Dr Richard Fuller	General Practitioner	Motueka
	Sally Fleming (from Aug 2019)	Clinical Nurse Specialist / Nurse Practitioner intern	Otago Hospice
	Jo Truscott (from Aug 2019)	Clinical Nurse Specialist, Paediatric Palliative Care	Nurse Maude
	Jane Rollings	Service Manager	Nurse Maude
	Theona Ireton	Kaitiaki Oncology / Surgical Services	CDHB
	Christine Cuff	Consumer representative	Hokitika
Mental Health and Addiction Services	Heather Casey (Chair)	Director of Nursing	SDHB
	Nigel Trainor (Sponsor)	CEO	SCDHB
	Martin Kane	Facilitator	SIAPO
	Alfred Dell'Ario	Consultant Psychiatrist	CDHB/WCDHB
	Evan Mason	Consultant Psychiatrist	SDHB
	Jane George	Allied Health	WCDHB
	Jane Kinsey	General Manager Mental Health, Addictions & Disability Support	NMDHB
	Karaitiana Tickell	CEO, Purapura Whetu Trust	Canterbury
	Joseph Tyro (from Oct 2019)	Director of Māori Health	SCDHB
	vacant		NGO
	Dianne Black	Consumer Advisor	SCDHB
	Sandy Dawson	Family Advisor	ABLE-Invercargill
	Steve Bayne	Service Manager	SDHB
	Kaye Johnston	Service Manager	CDHB
	Michael McIlhone	Primary Care	Pegasus Health
Cardiac Services	John Edmond (Chair)	Cardiologist	SDHB
	David Meates (Sponsor)	CEO	CDHB
	Alan Lloyd	Facilitator	SIAPO
	Rob Hallinan	Service Manager	CDHB
	Rachael Byars	Physician and Clinical Leader	SDHB
	Garry Nixon	Medical Officer	Dunstan Hospital
	Tammy Pegg	Cardiologist	NMDHB
	Emma Guglietta (from Oct 2019)	Chair, Cardiac Physiologist South Island Network	SDHB

SLA	Name	Title	Organisation
	Nancy Todd (from Oct 2019)	Associate Maori Health Strategy and Improvement Officer	WellSouth
	Philip Davis	Cardiac Surgeon	SDHB
	John Lainchbury	Cardiologist	CDHB
	Ralph la Salle	Team Leader Secondary Care, Planning and Funding	CDHB
	Dr Ken Boon	Cardiologist	SCDHB
	Kirsty Mann	Right Care Advisor, South Island	St John
	Nina Stupples	Rural GP/Medical Officer	WCDHB
Major Trauma	Dr Mike Hunter (Chair)	Clinical Leader ICU	SDHB
	David Meates (Sponsor)	CEO	CDHB
	Alan Lloyd	Facilitator	SIAPO
	Dominic Fleischer	Specialist Emergency Physician	CDHB
	Christopher Wakeman	Surgical Consultant	CDHB
	Andrew Laurenson	Clinical Lead, ED and Rural Medicine	WCDHB
	Vince Lambourne	Emergency Physician	SCDHB
	Kirsty Mann	Right Care Advisor, South Island	St John
	Ralph la Salle	Team Leader Secondary Care, Planning and Funding	CDHB
	Martin Watts	Emergency Medicine Specialist, Acting Clinical Leader	SDHB
	vacant		ACC
	Angus Jennings	Orthopaedic Surgeon	NMDHB
	Melissa Evans	Trauma Nurse Coordinator	CDHB
	Rebecca Coats	Trauma Nurse Coordinator	SDHB
	Lance Elder	Solution Architect	SDHB
	David Brants-Giesen	Service Manager	CDHB
Stroke Services	Dr John Fink (Chair)	Clinical Director, Neurology	CDHB
	Chris Fleming (Sponsor)	CEO	SDHB
	Jane Large	Facilitator	SIAPO
	Dr Wendy Busby	Consultant Physician & Geriatrician	SDHB
	vacant	Lead Stroke Physician	
	Clare Jamieson	Occupational Therapist	CDHB
	Julian Waller	Stroke Clinical Nurse Specialist	SCDHB
	Dr Suzanne Busch	Geriatrician, General Physician	NMDHB
	Dr Carl Hanger	Stroke Rehabilitation Consultant & Geriatrician	CDHB
	Sarah Pullinger	Planning and Funding	CDHB
	Mary Griffith	Clinical Nurse Specialist - Stroke	CDHB
	Margot van Mulligen	Physiotherapist	WCDHB
South Island Public Health Partnership	Evon Currie (Chair)	General Manager, Community & Public Health	CDHB, WCDHB, SCDHB
	Cathy O'Malley (Sponsor)	General Manager Strategy and Planning	NMDHB
	Ruth Teasdale	Facilitator	SIAPO
	Dr Stephen Bridgman	Clinical Director, Public Health	NMDHB
	Peter Burt	Portfolio Manager	MoH
	Peter Burton	Public Health Service Manager	NMDHB
	Grant Pollard	Group Manager, Population Health	MoH

SLA	Name	Title	Organisation
	Lynette Finnie	Service Manager, Public Health Services	SDHB
	Andrew Forsyth	Team Leader, Public Health Group	MoH
	Dr Susan Jack	Acting Clinical Director/Medical Officer of Health	SDHB
	Dr Ramon Pink	Clinical Director, Medical Officer of Health, and Māori Public Health Portfolio	CDHB
	Sarah Reader	Manager, Public Health Group	MoH
	Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer	SDHB
	Dr Natasha White	Deputy Director of Public Health	MOH
Hospital Oral Health Workstream	Lester Settle (Chair)	Clinical Director Hospital Oral Health	CDHB
	Matthew Wood	Workstream Co-ordinator	SIAPO
	Tim Mackay	Oral Health Clinical Leader & Deputy Chief Medical Officer	SDHB
	Jacqui Power	Practice Coordinator Hospital Dental Service & Department of Oral & Maxillofacial Surgery	CDHB
	Donna Kennedy	Head of Department	NMDHB
	Dr Ronald R Schwass	Clinical Director Faculty of Dentistry	Otago School of Dentistry
	Jason Power	Director, Corporate Services	SCDHB
	Irene Wilson	Service Manager	SDHB
	Pamela Gordon	Service Manager	CDHB
	Aravind Parachuru		SCDHB

Enabler Service Level Alliances and Workstreams

SLA	Name	Title	Organisation
Information Services	Gabe Rijpma (Chair, from Nov 2019)	CEO, Aceso	Independent
	Nigel Trainor (Sponsor)	CEO	SCDHB
	Paul Goddard	Portfolio Director, Information Services	SIAPO
	Sonya Morice	IS SLA Regional Portfolio Manager	SIAPO
	Bev Nicolls	Community Based Services Directorate / General Practitioner	NMH & Stoke Medical Centre
	vacant	Allied Health Scientific and Technical	
	John Beveridge	Nurse Consultant	CDHB
	Nigel Millar	Chief Medical Officer	SDHB
	vacant	RMO/SRO	
	vacant	Nursing	
	Stella Ward	Chief Digital Officer	CDHB/WCDHB
	Patrick Ng	Executive Director, Specialist Services	SDHB
	Carolyn Gullery	General Manager, Planning and Funding	CDHB & WCDHB
	Peter Gent	General Practitioner	Mornington Health Centre
	Kyle Ford	Chief Information Officer	WellSouth Primary Health Network
Telehealth	John Garrett (Chair)	Paediatrician	CDHB
	Miles Roper (Sponsor)	Chief Information Officer	WCDHB
	Keith Todd	Facilitator	SIAPO
	Bev Nicolls	Clinical Director Information Systems	NMDHB

	Ginny Brailsford	Team Leader Planning and Funding	WCDHB
	Christine Kerr	Specialist Nurse	SCDHB
	Kyle Forde	Chief Information Officer	Well South
	Ben Wheeler	Paediatrician	SDHB

SLA	Name	Title	Organisation
South Island Workforce Development Hub	Mary Gordon (Chair)	Executive Director of Nursing	CDHB
	David Meates (Sponsor)	CEO	CDHB
	Kate Rawlings	Programme Director	SIAPO
	Kathryn Goodyear	Facilitator	SIAPO
	Norma Campbell	Director of Midwifery	CDHB
	Rene Templeton	Associate Director of Allied Health, Scientific and Technical	SCDHB
	Robyn Carey	Chief Medical Officer	SCDHB
	Gary Coghlan Hector Matthews	General Manager of Māori Health Executive Director Māori & Pacific Health	WCDHB CDHB
	Pam Kiesanowski	Director of Nursing and Midwifery	NMDHB
	Trish Casey	General Manager People & Capability	NMDHB
Quality and Safety	Mary Gordon (Chair)	Executive Director of Nursing	CDHB
	Dr Peter Bramley (Sponsor)	CEO	NMDHB
	Martin Kane	Facilitator	SIAPO
	Carolyn Gullery	General Manager Planning and Funding	CDHB & WCDHB
	Ken Stewart	Community Physiotherapist	Selwyn Physiotherapy / CDHB
	Peter Twamley	Clinical Governance Manager	NMDHB
	Karen Foster	Quality and Risk Nurse Coordinator	SCDHB
	Gail Thomson	Executive Director Quality & Clinical Governance Solutions	SDHB
	Karen Orsborn / Caroline Tilah	Deputy CEO / HQSC	HQSC
	Nick Baker	Chief Medical Officer	NMDHB
Medical Imaging Workstream	Nathan Taylor	Radiology Services Manager	SCDHB
	Matthew Wood	Workstream Co-ordinator	SIAPO
	Jess Ettma	Radiology Operations Manager	NMDHB
	Sharyn McDonald	Chief of Radiology	CDHB
	Rebecca Harris	Radiologist Team Leader	NMDHB
	Benjamin Lang	South Island Regional Radiology Systems Manager	CDHB
	Stephen Jenkins	District Service Manager, Radiology	SDHB
	Jason Lister	Service Manager	WCDHB
	Ben Wilson	Clinical Leader, Radiology	SDHB
	Philippa Francis	Clinical Manager	CDHB